

YOU & I CARE LTD

You & I Care -Chelmsford

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

You & I Care is a domiciliary care service providing personal care to two people aged 65 and over at the time of the inspection. 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

Relatives told us their family member was safe and they had no concerns about their safety. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed, recorded and followed by staff. Suitable arrangements were in place to ensure people received their medication as they should. Enough numbers of staff were available to support people safely. Staff recruitment and selection practices and procedures were robust. People were protected by the service's prevention and control of infection arrangements.

Suitable arrangements were in place to ensure staff were trained and newly appointed staff received an appropriate induction. Staff felt valued and supported by the registered manager. People were supported with their dietary requirement needs. The service ensured they worked collaboratively with others and people were supported to access healthcare services and needed. 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 support this practice.

Relatives confirmed their family member was treated with care, kindness, respect and dignity. Relatives were consistently reassuring about staffs caring attitude, confirming there were positive interactions with staff. People's care and support needs were clearly documented, and staff had a good understanding and knowledge of these and the care to be delivered.

People told us the service was well managed. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided and staff performance.

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 in June 2020 and this is the first inspection.

Why we inspected

This was the service's first inspection since being newly registered.

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 ●

You & I Care -Chelmsford

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 completed by one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity commenced on 29 September 2021 and ended on 9 November 2021. We visited the office location on 29 September 2021 and made telephone calls to relatives and staff on 9 November 2021.

What we did before the inspection

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

During the inspection

We reviewed a range of records. This included two people's care records and their Medication Administration Records [MAR]. We looked at two staff files in relation to recruitment practices, staff training, supervision and spot visits. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We continued to look at information relating to the management of the service. We spoke with two people's relatives and three members of staff.

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

- People were protected from the risk of harm. Relatives told us they had no concerns about their family members safety or wellbeing when staff visited them. One relative told us, "I feel [relative] is definitely safe and have no concerns."
- The service was registered with the Care Quality Commission in June 2020 and since this time there have been no safeguarding concerns raised either by us or others.
- Staff had received safeguarding training, and this was up to date. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the office and external agencies, such as the Local Authority or Care Quality Commission.
- The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed to enable people to live in their own homes safely. These primarily related to people's manual handling needs, environmental risks to ensure people's and staff's safety and medication. Other risks also identified and assessed where community activities were undertaken with staff.
- Staff were aware of people's individual risks and how to help keep them safe with the least restriction on their freedom.
- Risk assessments were completed for people using the service and staff to identify those who were at increased risk of exposure from COVID-19.

Staffing and recruitment

- There were enough staff to support people to stay safe and to meet their needs. Relatives told us there were enough staff available to provide care and support as detailed within their family members support plan.
- Relatives confirmed their family member was generally supported by the same staff to ensure continuity of care, and to enable a culture of trust and rapport to be established.
- The provider used an electronic system to plan staff allocations and to monitor missed and late calls. The data viewed showed there had been no missed or late calls and staff stayed for the allocated time as detailed within people's support plan.
- Suitable arrangements were in place to ensure staff employed had had the appropriate recruitment checks undertaken and were suitable to work with vulnerable people.

Using medicines safely

- Proper arrangements were in place to ensure the safe use of medicines. We looked at the Medication Administration Records [MAR] and they showed people received their medication as they should, and records were kept in good order.
- Staff had received appropriate medication training. The registered manager stated competency assessments were to be undertaken in the foreseeable future to ensure staff remained skilled to undertake this task safely.

Preventing and controlling infection

- People were protected by the service's prevention and control of infection arrangements. Staff confirmed they had enough supplies of Personal Protective Equipment [PPE], such as face masks, aprons and gloves when providing care to people in their own homes.
- Staff had received appropriate COVID-19 and infection, prevention and control training.
- We were assured staff were accessing COVID-19 testing in line with government guidance. Staff confirmed they undertook a once weekly PCR test and regular Lateral Flow Tests.

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 prior to the commencement of the care package. This was to ensure the domiciliary care service could meet the needs of the person. One relative confirmed they had been actively involved with the assessment process.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment.

Staff support: induction, training, skills and experience

- Staff were provided with sufficient training to enable them to carry out their roles and responsibilities. One member of staff told us, "There is a lot of training and it is brilliant."
- Staff received an induction comprising of training in key areas appropriate to the needs of the people they supported.
- Staff were supported to complete the 'Care Certificate'. This is a set of standards that social care and health workers should adhere to in their daily working life.
- Supervisions were completed to allow staff the time to express their views and reflect on their practice. Additionally, 'spot check visits' were also conducted. This enabled the provider's representative to observe staff as they go about their duties and check they were meeting the organisation's standards and expectations. Staff confirmed they received feedback following the observations of practice undertaken.

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

- People were supported to have their nutritional and hydration needs met. Relatives told us staff supported people as needed with the provision of meals, snacks, and drinks throughout the day to ensure their nutritional and hydration needs were met.
- Staff had received training relating to food safety to ensure their practice was appropriate and safe.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the person 'on-call' for escalation and action. One relative told us staff had contacted emergency service's when their family member had been unwell and stayed with them until the ambulance arrived.
- Information available showed people experienced positive outcomes regarding their health and wellbeing.

Adapting service, design, decoration to meet people's needs

- The office premises was suitable to meet people's needs. The office is on a main bus route and a short distance from a mainline railway station. The domiciliary care service office can be accessed by people who are both ambulant and who may have a physical disability.

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 had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.
- Staff knew how to support people to make choices and day-to-day decisions. People's consent was clearly documented, and relatives and other care professionals were involved where appropriate, with decisions on care and support.

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 received good care and support. Relatives were complimentary about the care and support provided for their loved one. Relatives told us their family member was treated with care and kindness, receiving appropriate care and support which was agreed and detailed as part of their care package.
- People generally received consistent support by the same staff, so they got to know them well and developed good relationships with them. However, we were told that in recent weeks some staff had left the employment of the domiciliary care service and new staff were being recruited. Relatives advised their family member had a good rapport and relationship with the staff who they knew well.
- Relatives were very complimentary about two members of staff, stating they often provided care and support that went above and beyond what was expected of them. One relative told us there had been an occasion whereby they and other family members had been unable to visit their relative however, staff from the domiciliary care service provided support without hesitation.

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

- People and those acting on their behalf were supported to make decisions about their care. Relatives confirmed they had been involved in decisions about their family member's care and support and this information had been used to develop their support plan.
- Relatives had been given the opportunity to provide feedback about the quality of the service through reviews. The registered manager stated satisfaction surveys were readily available and these were due to be sent out soon.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Relatives told us their family member was always treated with respect and dignity. One relative told us, "Most definitely [relative] is treated in a respectful way." Another relative told us, "I believe [relative] is always treated with respect and dignity by staff."
- Staff demonstrated a good understanding of how they treated people using the service with respect and dignity, for example, by ensuring personal care was undertaken in private, additional towels available during personal care to hide their modesty and by communicating with people in a respectful manner.

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

- People received care that was responsive to their needs. Relatives told us their family member received personalised care that was responsive and met their needs.
- Support plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken, such as housekeeping, shopping or walking the dog.
- The content of the support plan had been agreed with those acting on behalf of the person using the service. Relatives had access to a software application programme which enabled them to see their family members care plan, daily care notes, updates and to know who was allocated to provide the care and support on any given day.
- Staff employed at the service were knowledgeable and had a good understanding of the care needs of the people they supported. Staff confirmed they had sight of a person's support plan prior to providing care.

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.

- People's communication needs were assessed, and this was recorded in care plans, so staff knew the preferred way to communicate with people.
- The registered manager told us every effort would and could be made to ensure information was supplied to people in a format they could understand if required. Currently, no one using the service had specific communication difficulties requiring information in braille, larger print, pictorial or in another language.

Improving care quality in response to complaints or concerns

- Suitable arrangements were in place to manage complaints and concerns. Guidance on how to make a complaint was given to people when they first started using the service. The service had not received any concerns or complaints since being newly registered in June 2020.
- Relatives knew who to approach if they had any concerns or complaints and were confident these would be taken seriously and used as an opportunity to improve the quality of the service provided.

- A record of compliments had been maintained to demonstrate the service's achievements. Comments included, 'We are more than happy with you, the care and have found everyone to be very pleasant' and, 'I have looked through the app [software application programme] and the notes the carers leave are great, very detailed, we're impressed.'

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 quality assurance arrangements monitored the experience of people being supported and how risks to the quality of the service were managed. This information was used to help the provider drive improvement, including the monitoring of potential trends and lessons learned. For example, audits relating to care planning, medication, missed and late visits and the service's recruitment practices were in place to monitor and improve the quality and safety of the service.
- Relatives and staff were complimentary regarding the registered manager and care coordinator and said the service was managed well.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved and maintained.
- Staff were positive about working at the service and told us they were supported by the registered manager. Comments included, "I feel very supported" and, "The manager and care coordinator are very supportive, I know I can always go to them."

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf. The registered manager stated these were due to be sent out soon.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Information available showed the organisation completed 'spot checks' on their staff to ensure they were following their policies and procedures and providing appropriate care and support.

Working in partnership with others

- The service worked in partnership with other agencies. Information showed the service worked closely with others, for example, the Local Authority, Clinical Commissioning Group [CCG], healthcare professionals and

services to support the delivery of care provision.

- The registered manager confirmed they regularly sought guidance and information from adult social care organisations, such as the Care Quality Commission, United Kingdom Home Care Association and the local registered manager's forum.