Youth Graces UK Limited

Youth Graces UK Limited

Inspection report

51a Beckenham Road
Beckenham
Kent
BR3 4PR

Tel: 02086509132
Website: www.youthgracesuk.org

Date of inspection visit:
15 March 2017

Date of publication:
17 May 2017

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

This was an announced inspection that took place on 15 March 2017.

Youth Graces UK Limited is a domiciliary care service that provides a service for people in the London boroughs of Southwark. Lambeth and Bexley. The services offered include domestic and personal care, escort services, reablement and end of life care. The office is located in Beckenham.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This is the first inspection since the agency moved premises.

People were satisfied with the agency and service it provided. They were given notice of any changes to staff and the timing of their care, unless it was unavoidable short notice. The agreed tasks were carried out to their satisfaction and the staff team were thoughtful and really cared. People thought the service provided was safe, effective, caring, responsive and well led.

People's records, those of staff and other records were kept up to date and covered all aspects of the care and support people received, their choices and identified that their needs were met. Information was clearly recorded, fully completed, and regularly reviewed enabling staff to perform their duties to a high standard.

Staff spoken with were knowledgeable about the people they gave support to and the way people liked to receive support. When required they also worked well as a team, in instances such as calls that may require two staff members. The care and support staff provided was delivered in a professional and friendly way that was focussed on the individual. Their attitude made them approachable and accessible to people using the service and their relatives and they had appropriate skills to achieve this.

People who use the service and parents of younger adults said the manager, management team and organisation were very accessible, supportive, responsive, encouraged feedback and selected and provided a high calibre of staff that were well trained and gave an excellent quality of service. Staff said that they received excellent support and training from the manager and organisation, the organisation was a great place to work and they got a lot of satisfaction from the job they did. They said the management team was approachable, receptive to their ideas and there were opportunities for career advancement. The organisation also provided a number of support services in the community for people with dementia, carers and children.

People using the service and parents were encouraged to discuss health and other needs with staff and had agreed information passed on to GP's and other community based health professionals, as appropriate.

People were protected by staff from nutrition and hydration associated risks by them giving advice about healthy food options and balanced diets whilst still making sure people's meal likes, dislikes and preferences were met.

The agency staff were familiar with the Mental Capacity Act and their responsibilities regarding it.

The manager, management team, office staff and organisation frequently monitored and assessed the quality of the service provided.

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.

The agency had suitable staffing arrangements and staff had been disclosure and barring (DBS) cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

People were supported to take medicine in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

People's needs were met by well trained staff.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good

The service was responsive.

The agency responded appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager, management team and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Youth Graces UK Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection and took place on 15 March 2017. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was complete and provided us with information about how the provider ensured the agency was safe, effective, caring, responsive and well-led. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 188 people using the registered service and 58 staff. During the inspection, we contacted 20 people using the service and parents of younger adults, ten staff and spoke with the registered manager and office team. We also contacted the commissioners of services from three local authorities.

During our visit to the office premises we looked at 17 copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at six staff files.

Good

Is the service safe?

Our findings

People using the service thought there was sufficient staff to meet their needs and they felt safe using the service. One person told us, "I feel safe with the staff they send me."

Staff had received adult and children safeguarding induction and refresher training. This included how to recognise and prevent abuse and possible harm to people. Staff understood what abuse was and what to do if they encountered it. They had access to the organisation's policies and procedures in relation to protecting people from abuse, harm and followed them. Staff said they would tell the office to raise a safeguarding alert if they had concerns. The safeguarding, disciplinary and whistle-blowing policies and procedures were contained in the staff handbook. Previous safeguarding alerts had been suitably reported, investigated and recorded. There were three current safeguarding alerts raised and referred to the appropriate local authority safeguarding teams, one of which was by the agency. The agency was waiting to hear if the local authority safeguarding teams would be pursuing them. They had taken appropriate action in the interim.

The recruitment procedure included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. If applications were being made via job centres, the job centre would first screen the applicants for suitability having been provided with a candidate assessment form by the agency. The agency would then conduct an initial telephone interview to identify initial candidate suitability. If successful the candidate would then be invited for a formal interview. The interview was conducted by the management team and included scenario based questions to identify people's philosophy towards providing care and their skills and knowledge of the care field. References were taken up, work history checked and disclosure and barring (DBS) security checks carried out. There was a three month probationary period before care workers were confirmed in post. The staff deployment rota confirmed that there were enough staff to meet people's needs without being over stretched or when travelling between calls.

The agency performed risk assessments that enabled people to take acceptable risks as safely as possible and also protect staff. The risks assessments included identifying risk and measures to take to reduce that risk. The risk assessments included both environmental risks and those related to people. The risk assessments were monitored throughout the period people received the service and identified the level of support and when it required change. People said that staff asked them to identify any risks that staff may not be aware of. Staff told us the information they received, enabled them to identify situations where people may be at risk and take action to minimise the risk. Staff had been trained to identify and assess risk to people and themselves.

The service monitored, logged and reviewed any accidents, incidents and events as they happened. Staff shared information regarding risks to people with the office and this was added to the accident and incident records. They also shared information with other members of the team, as required. Any immediate concerns were escalated to the senior management team and board.

Staff were trained to safely prompt people to take medicine, they did not administer medicine. This training was updated annually. They also had access to a medicine policy and procedure and updated guidance. The medicine records of people were monitored and risk assessed by the service.

There was adequate protective equipment and clothing provided to keep people and staff safe.

Good

Is the service effective?

Our findings

People said that the agency involved them in decision making about the care and support they received, who would provide it and when it would take place. Some people said they had issues about the timing of calls, length of stay but not about their needs being met. People told us that staff knew their needs and provided care and support that was appropriate to them in a way they liked. The issue that some people raised was not being told if staff were going to be late and length of stay. They explained that this was an issue with some staff, but not generally with their more established care workers. They gave examples of staff who were delivering the service phoning them to say they would be late rather than the office informing them. One person gave an example of a staff member who was providing a shopping service doing the shopping for two other people at the same time and felt this meant they were not getting their fully allocated time. One person said, "I'm lucky with the staff looking after me, we have a routine that is comfortable for me and them." Another person told us, "My regular carer (staff) is very good and I can't fault them, others aren't necessarily so good."

People thought that generally the staff were well trained and this enabled them to do their jobs in the way that was needed. Staff received induction and regularly refreshed mandatory training. The induction training was in-depth, comprehensive and based on the 15 standards of the 'Care Certificate'. There was an expectation that staff would work towards the 'Care Certificate'. This is a set of standards that have been developed for staff to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. As part of induction new members of staff shadowed more experienced staff. This was until they felt sufficiently confident to provide support by themselves and the agency was confident they were equipped to do so. Training included areas such as food hygiene, moving and handling, compassionate care, infection control, medicine, general behaviour management including challenging behaviour, dementia awareness and health and safety. Staff also had access to training provided by local authorities. A staff member told us, "The training provided is good and enables me to do my job."

There were six weekly staff meetings, three to four monthly one to one supervision sessions and annual appraisals. These provided staff with opportunities to identify group and individual training needs. This was in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

The agency care plans included peoples' health, nutrition and diet. As appropriate staff monitored what and how much people had to eat and drink with them. People were advised and supported by staff to prepare meals and make healthy meal choices. Staff told us that if they had any concerns they would inform the office, who in turn would raise them with the service commissioners, the person's relatives and GP as appropriate. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services. The agency also worked closely with community based health services, such as district nurses.

People's care plans recorded consent to the service provided and they had service contracts with the

agency. Staff said they regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. The agency had an equality and diversity policy that staff were aware of and understood.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The parents of people who were under 18 gave consent to the care provided, although the provider made sure that if young people were between the ages of 16 and 18 that they were involved and had their views heard. Consent documentation was recorded on file and regularly reviewed and updated. There were clear internal and external guidelines led by consent from parents and legal guardians.

The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection and their child protection responsibilities.

The agency carried out regular two weekly spot checks in people's homes. These included areas such as staff conduct, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. The spot checks were incorporated as part of the supervision and appraisal system.

The local authorities commissioning services from the provider said they had no major concerns.

Good

Is the service caring?

Our findings

People said they felt relaxed with the staff the agency provided. They also thought that staff treated them with dignity and respect. Most field staff took time to listen to them and valued their opinions. They also said that staff provided them with support in a friendly and compassionate way. This reflected a strong person focussed culture. One person said, "On the whole staff are very good." Another person told us, "I'm very happy with the staff, they are brilliant."

People told us the agency provided thorough, easy to understand information about the services provided that enabled them to decide if they wished to use them. The information outlined what people could expect, the way support would be provided and the agency expectations of them.

Staff received training in treating people with dignity and respecting them and their privacy during induction and refresher training. The importance of social engagement and interaction for people was emphasised, particularly as the visit by staff may be the only interaction people received. The service operated a matching staff to people policy, particularly for sensitive areas such as same gender personal care. This also included staff skills that helped to meet peoples' needs and enable them to establish or maintain the skills required to live as independently as possible. The service strove to provide staff continuity to support people better to achieve that independence.

People said they were fully consulted and involved in all aspects of the care and support they received. This was by staff that were patient, compassionate and friendly. People thought staff were prepared to make an extra effort to ensure their needs were properly met. Staff told us about the importance of listening to peoples' views so that the support was focussed on the individual's needs. The service confirmed that tasks were identified in the care plans with people to make sure they were correct and met the person's needs. People also felt fairly treated and any ethnicity or diversity needs were acknowledged and met.

If providing end of life care, the service liaised with the appropriate community based health teams and received training from the St Christopher's Hospice. The service took into account that relatives could be involved in the care as much or as little as they wished during a distressing and sensitive period for them.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People using the service said that they were involved in the decision-making process before and during the time the agency provided a service. People thought the agency could do more to seek their views and consult with them about the service they received and its quality. One person said, "I got on with one member of staff, as a person, but felt them lazy. I contacted the agency and they did change the carer (staff) who I've had for the last 18 months and am very happy with" Another person told us, "The company are quiet, although I am more than satisfied with the people (staff) they have sent me." People said that they received personalised care that was responsive to their needs and staff enabled them to decide things for themselves, listened to them and if required action was taken. They also said that staff were always looking for ways to improve the care and support provided. Staff told us that it was important to get people's views of and those of their relatives so that the support could be focused on the needs of the individual.

Once the agency had received an enquiry, an assessment visit was carried out by a field supervisor of which there were three or a member of the management team. During this visit they checked the tasks identified and required by people. They also agreed the tasks with people, to make sure they met the person's needs. This was to prevent any inconsistencies in the service to be provided. The visit also included assessing risks.

We saw office copies of people's support plans that were individualised, person focused and the manager and team told us that people were encouraged to contribute to them and agreed tasks with the agency. People had support plans that detailed the agreed tasks and gave information that would help staff familiarise themselves with people and their routines. This included personal contact details, outcomes they wanted from the support plan, religious, cultural and personal preferences, communication, important relationships and medical history. People's needs were regularly reviewed, re-assessed with them and their relatives and support plans changed to meet their needs. The changes were recorded and updated in people's files that were regularly monitored. The support plans were regularly reviewed with timescales that depended on the type of service being provided. An example of this was domiciliary care packages initially being reviewed after eight weeks, then a six month internal review and a review with the commissioning authority at twelve months. Re-ablement packages ran for six weeks and were monitored throughout the period the service was delivered and reviewed at the end.

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training. People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. One person said, "No complaints."

Good

Is the service well-led?

Our findings

People said they thought communication with the office could be improved and one person said that sometimes they struggled to make themselves understood. They did not have a problem speaking with the manager, office team and staff and discussing any concerns they may have and being responded to. It was more that they had to initiate the contact. One person said, "Communication could definitely be improved". Another person said, "The only criticism I have is that we could be kept better informed of changes." People confirmed that spot checks did take place and it was more the frequency of communication with the office, by phone that could be improved on.

When we checked a sample of care plans, office staff were able to give us information about each individual and the service they received without having to refer to the care plans. People said that if there was a problem with staff or the timing of the support provided, that it was always quickly resolved.

The agency's culture was open and there was a clear leadership structure with staff enabled to take responsibility for their designated tasks. They described the agency's vision of the service, how it was provided and their philosophy of providing care to a standard that would be acceptable for themselves and their relatives. The vision, values and structure were clearly set out, staff understood them and said they were explained during induction training and regularly revisited.

The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met. Staff said the manager and management team provided them with good role models. Staff told us they were not expected to carry out roles that the manager and team would not be prepared to undertake themselves. They always received the support they needed when they needed it and that the organisation valued their contributions. The manager and team was in frequent contact with staff to provide support and this enabled staff to provide the service that people needed, when it was required. Staff also told us that there was an open door style of management that enabled them to voice their opinions and exchange knowledge and information. This was in group settings such as staff meetings or one to one meetings. They felt that the suggestions they made to improve the service were listened to and given serious consideration by the manager and organisation. There was also a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency. One staff member commented, "The organisation is flexible and if you are struggling with things such as child care arrangements they try to compromise." Another staff member told us, "They introduced a system where the visits are close together so that it makes travel easier."

The agency carried out regular reviews regarding the care they provided. They noted what worked for people, what did not and any compliments and comments to identify what people considered were the most important aspects of the service for them. The approach to monitoring the quality of care and support provided was individualised with quality checks focussed on what the person using the service, their relatives and carers thought. These included spot check visits; phone contact with people and their relatives, questionnaires and an annual review. Audits took place of peoples' files, staff files, support plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it

was performing, areas that required improvement and areas where the agency performed well. The records demonstrated that regular telephone monitoring by the office and observational appraisal spot checks took place. They included input from people who use the service about staff performance and helped to identify if staff were person centred in their approach to their work. The spot checks, weekly record sheets and visit communication sheets were regularly audited.

There was a policy and procedure in place to inform other services of relevant information should they be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

We saw that records were kept securely and confidentially and these included electronic and paper records.