

YOU & I CARE SERVICES LTD

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place between 10 July and 16 July 2018 and the provider was given 48 hours notice to ensure the registered manager was available to meet with us.

You & I Care Services is a domiciliary care agency. It provides personal care to adults of all ages living in their own homes. There were 11 people using the service at the time of this inspection.

This was the first inspection of the service. 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 2008 and associated Regulations about how the service is run.

People received their care and support safely. Staff understood how to support people and knew how to protect them from the risk of harm. The service recruited people safely and employed sufficient staff to meet people's needs. People received their medicines as prescribed and the records were of a good standard. Staff had access to personal protective equipment such as gloves and aprons and knew how to protect people from the risk of infection.

People's care needs had been assessed and their care plans reviewed as their needs changed. Staff were well trained and supervised and they knew how to support people effectively. People were supported with their fluid intake and preparation of meals. If people needed access to healthcare, staff helped them to attend appointments. The service worked well in partnership with other professionals to ensure that people received the health care support they needed.

The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. The service had carried out appropriate assessments in line with legislation.

Staff were caring, kind and friendly. People were encouraged to maintain and improve their independence where possible. Staff gave them the time they needed and respected their dignity and privacy. People were involved in decision-making and advocacy services were available if people needed them. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People received personalised care that was responsive to their needs and care plans and daily notes were detailed and informative. There was a complaints procedure and people had confidence that any complaints would be dealt with quickly. Staff were trained to care for people at their end of their life if it was required.

Staff and people told us they thought the service was well led. They knew who the registered manager was, and had confidence in them. Staff were well supported and happy in their work. The quality assurance systems were effective and the registered manager learnt from audits and investigations and made the necessary improvements. Confidential information was stored safely in line with data protection regulations.

Further information is in the detailed findings below.

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.

People were safeguarded as staff knew how to protect people from harm. Risks to people's health and wellbeing were assessed and well managed.

There was a robust recruitment system in place and the service employed sufficient staff to meet people's needs.

The medicine administration process was appropriate for the needs of people who required support.

The service had effective infection control practices in place and continually improved the service by learning from incidents and issues.

Is the service effective?

Good ●

The service was effective

People were fully involved in the assessment process.

There was an effective staff induction and training process in place.

Where people were supported to eat and drink, they had sufficient nutrition to meet their needs.

The service worked well with other professionals and provided people with effective healthcare support.

People participated in, and consented to their care and support. Staff had an understanding of the Mental Capacity Act 2005 and assessments had been carried out where required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion. Their privacy, dignity and independence was respected and promoted.

People and their families were fully involved in their care arrangements.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that reflected their circumstances and changing needs. Care plans contained good information about people's likes, dislikes, preferences and times of calls.

There was an effective complaints system in place and people were confident their concerns would be dealt with swiftly.

There was a system in place to support people at the end of their life.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and staff were well supported by them and shared their vision to provide good quality care in the community.

People were satisfied with the service overall and said they would recommend it to others.

There was an effective quality assurance system in place and people's personal information was protected.

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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 the service's first inspection. It had been in registered with the Commission since June 2017. The inspection took place between 10 and 16 July 2018. It was announced to ensure the registered manager was available to meet with us. We visited the office on 10 July and telephoned people who used the service on 13 and 16 July 2018 and staff. The inspection team consisted of one inspector.

Before the inspection, we reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with four people who used the service and a health and social care professional, the registered manager, and two staff. We reviewed three people's care files and three staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, training records, medicine management and compliments and complaints records.

Is the service safe?

Our findings

People told us that they were safe with the staff who visited them. One person said, "Oh yes I feel very safe, all are very efficient." Another person said, "They [staff] give you confidence in yourself to do things and stay active."

There were policies and procedures in place which supported staff in carrying out their role. Staff gave us examples of where they would protect people from the risk of harm. One staff member said, "When you get to know people and their usual behaviour, you know when they are out of sorts and not themselves. I would usually check if everything was okay and if not let the manager know." No safeguarding issues had been raised with us so we were not able to assess how the service dealt with them. However, the registered manager was knowledgeable and well informed about local safeguarding procedures. Posters in the office reminded staff about following the Mental Capacity Act 2005 and how to raise safeguarding concerns so that people were supported and kept safe.

Risks to people's health and safety were monitored and managed to support them to stay safe. For example, people's personal care, social and environmental risks were assessed. These included people's mobility and use of equipment, medicines, falls, malnutrition and any safety concerns within the home. The registered manager and staff had a good knowledge of people's individual's personal risks and described how they helped them to be as independent as possible.

People told us that staff were punctual and stayed the full allotted time. If staff were delayed or held up, then they usually had a call to let them know. The registered manager told us that they had a policy of providing a service for no less than one hour in order that staff had sufficient time with people and provided companionship as well as personal and practical support.

The registered manager gave us an example of how time was spent with one person encouraging them to walk safely around the home and to gain their independence. This was done without rushing and at the person's own pace. One person told us, "They do stay the whole time but I don't really need all of it. I think it reassures my [relative] that they are here."

The recruitment process was robust and in line with regulatory requirements. We saw in the staff recruitment files a completed application form, with any gaps in employment noted, evidence of the person's identity and satisfactory references. Disclosure and Barring Service (DBS) checks had been undertaken before the member of staff could be employed to ensure that the person was not barred from working with people who required care and support. DBS checks were also undertaken for the directors of You & I Care Services as they provided assistance with care and support for people should they be needed. The employment records confirmed that the service operated a fair recruitment process and offered prospective employees assistance with the interview process.

People were supported with their medicines should they need it. The support required was clearly recorded in their care plan and medicine administration records (MARs) were in place and completed correctly. Staff

had been trained with follow up competency checks undertaken, had access to guidance, and demonstrated a good knowledge of medicine policies and procedures. The registered manager had a saying "Give it before you fill it", which helped staff remember to complete the MAR sheets.

People told us they received their medicine correctly and as prescribed. One person gave us an example of where the service had helped them to manage their pain better by having their medicine in tablet form instead of a liquid. Also that the pharmacy had put their medicines into boxes with the prescribed dose, date and time to assist them in taking their medicines safely. They said, "This is much better now, everyone knows what I am taking as it can be a little confusing sometimes."

People were protected from the risk of infection. They told us that staff wore clean uniforms, gloves and aprons when they needed to. Checks were completed by the registered manager to ensure staff followed the policy and procedures for the prevention and control of infection.

Staff understood their responsibility to record all safety incidents and concerns. The registered manager monitored accidents and incidents and these were discussed at regular management and staff meetings to prevent them from happening in the future.

Is the service effective?

Our findings

People's needs had been assessed and discussed with them before the service started. The registered manager told us this ensured the service was tailor made and they could meet people's needs.

People told us they had been fully involved in the assessment process, and the records confirmed this. One person said, "I had a nice person come to me and explain everything. It's all strange having to have someone in, but it means I can stay at home, they enable me to stay at home, so I am grateful."

The registered manager had systems in place to update their policies and procedures with current good practice. They were members of professional organisations to keep abreast of guidance, advice and current thinking in health and social care. They made staff aware of updates through staff meetings to ensure care was delivered to a high standard.

A comprehensive training programme was available to all staff. The records confirmed that staff had received training in a wide range of subjects related to health and social care. They had completed knowledge tests to ensure they had retained the learning and had the skills and knowledge to meet the needs of people using the service.

Staff told us that they had received a thorough induction and that their training was very good. One staff member told us, "I have completed all my training, I really love learning and have learnt loads since starting with the service." Another said, "I have the confidence to go out and do my job well. I have a real sense of satisfaction."

The registered manager ensured that this learning was put into practice through working with staff directly so they could see their practice and assess their ongoing competency to provide high quality care.

People were supported to prepare and cook snacks and meals if they could or staff made them for them. People were encouraged to have drinks and fluid when staff visited. One person said, "The staff are very flexible but I don't really like being watched eating my meal so suggest they get on with other things if possible. They always leave me with drinks."

People who were at risk of malnutrition had a nutrition assessment completed to ensure the service could meet their needs. One person had a fluid and nutrition log to monitor their eating as recommended by the dietician, with amounts eaten and comments noted. In the records it showed that good progress had been made with comments saying, "Appetite better," and, "Eating more every day." It was also recorded that they now had a main meal at lunchtime and their likes and dislikes had been updated in their care plan to reflect their changing needs.

The registered manager and staff worked well in partnership with other organisations to ensure that they delivered effective care and support. They had got to know people they supported and liaised on their behalf with professionals such as GP's, district nurses, occupational therapists and local voluntary

organisations such as Age UK so that people got the support they needed. One health care professional told us, "The service was great at supporting [name of person]. They were there at the assessment and we worked together as a unit, it was easy and efficient for the person too. The daily notes I saw on my return showed that progress was being made in using the equipment and, it is only with the support of this service, that the person was able to remain at home."

People received appropriate healthcare support. One person told us how the service supported them to attend hospital appointments. "I use the transport service they offer when my [relative] is not available. They will take me to my hospital appointment, help me get around to the various departments and then bring me home again. It's such a wonderful service. No stress and no bother."

The registered manager told us of a situation where they had to insist the district nurses attend more often to a person as their ulcer was deteriorating. They told us they would have made a safeguarding alert if this had not been done. They said the person was now healing better. The person told us, "[Name of manager] sorted out my tablets with the GP so I am not so much in pain now."

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

Mental capacity assessments had been carried out, where necessary, to ensure that decisions were made in people's best interests in line with legislation. People had been fully involved and had given their consent and had signed their care plans to confirm this. Where they were unable, their representatives such as a family member or a Lasting Power of Attorney (LPA) had consented to their care. People told us that staff always asked them for consent before carrying out any tasks.

Staff understood how to support people to make decisions. The registered manager was passionate about ensuring that people's human rights were upheld and respected. They gave examples of how they had supported people to make their own decisions and to have a voice and choice in their future. They worked closely with the local Age UK group who provided advocacy and other support as and when needed.

Is the service caring?

Our findings

People told us that staff were friendly, kind and caring. One person said, "[Name of staff member] is so lovely and understands my needs so much. I don't have to say anything and they have done it." Another person told us, "I get picked up and taken to the club that [name of registered manager] puts on for people the last Friday of the month. It gets me out and I meet other people and this gives me some independence and a change of scenery." A third person said, "The staff are wonderful. So helpful and friendly and look after me well. I have the same ones mostly so that is good but don't mind a change."

People told us they felt they mattered and the staff listened to them and talked with them appropriately and respectfully. The registered manager and staff talked to us about people in a lovely, sensitive and caring way. For example, the registered manager referred to older people using the service as 'seniors' as this, they said, showed respect for their age and wisdom.

Staff told us that the registered manager insisted on always thinking about people's human rights and using respectful language when speaking or writing about people. Staff were aware of people's individual ways of communicating and of their history and circumstances. Staff were responsive to people's emotional needs and supported them appropriately. This was evidenced in the care plans and daily notes we saw.

People told us, and the records confirmed, they were kept fully involved in decision-making. They said that the registered manager contacted them often to ask their views about their care and support. This was confirmed by a staff member who said, "[Registered manager] is very hands on, will check all is okay, even over a weekend, and wants the best for everyone, including us."

Although none of the people currently using the service required an advocate, there were advocacy services available should people need them. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People were encouraged and supported to maintain their independence as much as possible. One person said, "The help I get means I can be at home," and, "I like seeing [staff member], they have helped me come a long way in getting more mobile. They treat me with dignity and privacy like when they help me wash so I am not too embarrassed."

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. Their care plans had been developed from the assessment process, and reviewed when necessary. People's aspirations, choices, likes, dislikes, preferences and a brief family history were recorded. The care plans were written as spoken by the person which made them person centred and individual, for example, "Please monitor when I am mobilising and note any changes," and, "I am married and a parent and I was sporty in the past."

We could see that reviews and spot checks had taken place and people told us their care plans had been amended to meet their changing needs. They had been fully involved in this. People had a choice of the gender of the staff member to support them. People's age, gender, ethnicity, faith and background were recorded and their needs met as appropriate. The registered manager tried to ensure that staff were compatible with the people they supported. One person had requested a staff member who, "Understands my needs and is not so talkative."

People's sensory and communication needs had been identified, recorded, flagged, shared and met by the service as required by the Accessible Information Standard. Records showed if people's sight, speech or hearing was impaired. The staff told us about one person who had limited sight and had been offered information in large print but preferred to use a magnifying glass to help them to read. Communication was very effective between people who used the service, staff and the registered manager.

The registered manager was very proactive in the community and took a personal interest in helping people to gain and maintain relationships to avoid isolation and loneliness. They held a 'Seniors' club once a month in Billericay and a monthly 'Carers' hub was held at a community centre in Ingatestone. Both were popular with people who used the service and their families as we saw in the photographs at the office.

There was a clear complaints policy and procedure in place and this information was given to people when they first joined the service. People told us they knew who to contact if they had any concerns but did not have any complaints about the service at this time. The registered manager told us that they had not received any complaints about the service as they tried to make sure that people were satisfied with the service by communicating and listening to their views. We saw that compliments had been received. One read, "Thank you so much for everything you do and for coming into our lives," and, "I love their caring and dedication to detail. I can't praise them enough."

At the time of the inspection, no-one was receiving end of life care from the service. However, support had been provided to people in the past and staff had the skills and knowledge should a person need it at any time. The registered manager told us that they had recently attended the funeral to pay their respects to a person who used the service.

Is the service well-led?

Our findings

There was a registered manager in post. People and their relatives knew who the registered manager was, and said they were confident in their ability to provide good quality care. They told us they felt the service was well led and would recommend it to others. One person told us, "I don't have anything to compare it to but if you have to have care, then this service has been very good." A health care professional said, "I found the registered manager to be very helpful and professional. From what I experienced, they provide a very good service."

The registered manager had a clear vision for the service and promoted a positive culture that was person centred, open and inclusive. They led by example and inspired staff to be the best they can be. Staff shared this vision to provide people with good quality person centred care.

Staff were committed, enthusiastic and motivated. They said they were well supported by the registered manager. One staff member said, "I can look up to them, they are always there and always support me to be good at my work." Another said, "They are training me to do assessments and I hope I can be as good as them as they are the best."

The registered manager understood their role and responsibilities as did the staff. Open communication and discussion was part of their day to day work. Regular staff and management meetings were held and staff were included in the meetings with the directors of the company and were valued for their input. Staff were supported to question practice and to raise concerns. Decision making in the service was open and transparent.

The service had strong links with the community, ran monthly events, worked with the local Age UK, and had taken part in a recent run in aid of people with dementia.

People's personal records were stored securely in locked cabinets and on the computerised system that was password protected. The service had policies and procedures in place for dealing with confidential information.

The service has been operating since June 2017 and had not yet carried out any quality surveys. However, communication with people who used the service and their relatives provided an ongoing review of the quality of the care being provided. The registered manager told us that annual surveys would be carried out to obtain the views of all interested parties.

There was a quality assurance system in place where audits and checks of care plans, daily notes, risk assessments and medicine administration had been completed. Incidents and concerns were picked up very quickly and any learning from these was used to improve the service.

The staff worked openly with other services to support joined up care. We saw in people's care files when referrals and joint visits had taken place. Information was shared as appropriate with professionals.

