

YoD Ltd

YoD Care Services (Oxfordshire)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

YoD care Services (Oxfordshire) is a domiciliary care agency providing care to people in their own homes in the Slough area. At the time of our inspection ten people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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

People, their relatives provided mixed views of the management of the service. Some they found them approachable and supportive whilst others told us they had difficulties with communication and found the management of the service ineffective. Staff told us the registered manager was approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the manager. There were systems to monitor, maintain and improve the quality of the service. However, these systems were not always effective and did not identify our concerns relating to risks, punctuality and policies. The Registered manager told us these systems and policies would be reviewed.

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. However, we found one person at risk of pressure damage without a risk assessment. The registered manager took action and created a risk assessment. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

People told us staff were not always punctual, and some people had experienced a missed visit. A minority of people also said some staff did not always stay the full length of the visit. We informed the registered manager who said they would investigate and take action.

Each staff member had received induction and training to enable them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the management to perform their role. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people and their relatives were involved in the reviews. People felt they were treated with kindness and said their privacy and dignity were always respected.

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

Rating at last inspection and update

This service was registered with us on 3 September 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about rough handling, staff not staying for the full visit time, staff rushing people, staff not following the care plan, staff knowledge and training, pressure care and staff not completing care notes. A decision was made for us to inspect and examine those risks. This was a planned, comprehensive inspection of an unrated service.

We have identified breaches in relation to Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014 at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

YoD Care Services (Oxfordshire)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means they and the provider were 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 7 April 2022. We visited the location's office on 7 April 2022.

What we did before the inspection

The provider was 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. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is

information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with three people using the service, eight people's relatives, six care staff, the manager and the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for four people, staff training records, three staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service. We also contacted the local authorities commissioners to obtain their views of 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

The inspection was prompted in part due to concerns we had relating to rough handling, staff not staying for the full visit time and pressure care.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. People's comments included: "The staff are lovely, they are all very good and very friendly", "They are keeping my relative [person] clean, safe and that is the main thing" and "The staff are lovely, they are all very good and very friendly".
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "I would report all concerns to [registered manager] and the safeguarding."
- Systems were in place to safeguard people from harm and abuse. The manager told us that all safeguarding concerns would be recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The manager had completed risk assessments for the majority of people and contained guidance for staff to manage the risks. These included risks associated with mobility, eating and drinking and environment.
- However, one person's care plan referenced the person was at risk of developing pressure ulcers. Whilst some guidance was provided for staff there was no specific assessment for this risk. We raised this with the registered manager who took immediate action and by the end of the inspection a risk assessment was in place.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed. We asked people and relatives about experiences relating to rough handling. One relative commented, "Our relative [person] has not expressed any concerns over rough handling and we would notice any bruising or hear any cries of pain as there is usually one of us in the house when the carers are there." One person said, "The carers [staff] were a bit rough handling me but it has got better."

Staffing and recruitment

- People told us staff were not always punctual and sometimes did not stay for the full visit time. Some people reported missed visits. Their comments included; "Their time keeping leaves a lot to be desired", "Some of the carers [staff] were putting that they had been here longer than they had been, so I always check my invoice now", "No-one tells us that they are running late. I have stressed how important it is that

my relative gets the carers on time", "My relative [person] gets very stressed when they are late" and "My relative's main carer always lets me know by text if they are running late."

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. A member of staff told us, "At the moment we have enough staff to meet client's needs." We saw planned staffing levels were consistently maintained. This included where two staff were required to support people.

Using medicines safely

- Records relating the administration of medicine were accurate and up to date. However, we could not find protocols to ensure the safe administration of 'as required' medicine (PRN). We also found one person's medicine assessment was unclear as to whether the family or staff were responsible for administering medicine. We informed the registered manager who said they would take action to resolve these concerns.
- People received their medicines as prescribed. Most people using the service managed their own medicines with the help of their relatives.
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice. One staff member said, "Most of my clients [people] medicine is administered by relatives, but I've had the training and I am checked."

Preventing and controlling infection

- We were somewhat assured that the provider's infection prevention and control policy was up to date. However, the policy was generic and not specific to YoD care services. For example, the policy did not contain any details relating to staff COVID19 testing.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents, incidents.
- Learning was used to improve the service. For example, following a discharge from hospital issue the initial assessment procedure was revised.

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.

The inspection was prompted in part due to concerns we had relating to staff knowledge and training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. One person said, "They all definitely know how to move my relative [person] as I have watched them do it and been satisfied with them."
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.
- Staff received ongoing training relevant to their roles, and specific to people's needs. One staff member said, "The training has been really useful."

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

- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet.
- Staff confirmed most people only needed support with meal preparation.
- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them.

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

- The manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- The manager told us they had worked on a regular basis with any external agencies but had made referrals as and when necessary.

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.

- People and their relatives confirmed that staff obtained consent for people's care and support.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member said, "I have to assume capacity and I always seek permission to give support."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

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.

The inspection was prompted in part due to concerns we had relating to staff not completing care notes and rushing people with their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We asked people if they felt staff rushed their care. We again received a mixed response. People said; "I feel that the carers are good to my relative although they don't take a lot of time with them", "They tend to say hello, do the allocated tasks and go. They don't ask our relative [person] how they are, if they feel OK or anything" and "Sometimes the main carer [staff] stays a bit longer and has a chat with my relative [person]."
- People told us about the support they received from staff and their opinions were mixed. People's comments included; "I love my carer [staff] please don't stop her coming", "My carer [staff] is lovely and caring", "We do not feel that these carers are as good as the previous company as they do not relate to us but we cannot say that they are really bad" and "I do not think that the carers show a caring side as they are always on their mobiles and not concentrating on my relative."

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

- People and their relatives were asked for their views of the service regularly. For example, the registered manager and visited people and obtained their views. However, these views were not always recorded. The registered manager said, "I will implement a system to records clients views obtained from these visits."
- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- We saw staff completed care notes following visits. However, some notes were not detailed and related to tasks. This did not always provide a pen picture into people's mood or wellbeing.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives. One staff member said, "I make sure clients [people] do what they can for themselves."
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

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.

The inspection was prompted in part due to concerns received about staff not following the care plan.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them. We found no evidence to suggest staff did not follow the guidance in people's care plans
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- People's care plans were personalised and regularly reviewed. There was evidence that people's relatives were invited to participate in care plan reviews with people and felt their opinions were considered. We also saw the service responded positively where people ask for changes to visit times to facilitate hospital appointments.

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 individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any complaints or concerns about the service. One person said, "We have not had any concerns or complaints. My wife is a social worker and would contact the provider if we had any concerns." A relative told us, "Thankfully I am confident that I will phone the company up if I have any issues."
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- The registered manager recorded and investigated complaints in line with the providers policy.

End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.

- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

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 Requires Improvement. This meant the service management and leadership was inconsistent.

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, spot checks and regular quality visits to people's homes. Action was taken to address any identified issues. However, the systems to monitor quality were not always effective and did not identify our concerns relating to risks and medicine records.
- Some records were not specific to the service. We looked at a range of policies and saw they were all generic and did not specifically relate to the service. Details on how the service would operate were often absent. For example, the infection control policy had no schedule for staff testing for COVID 19. Staff were however, being tested. The service had been operating since 3 September 2021 without adequate policies. The registered manager told us a review was planned for the near future. We were able to establish people's care had not been impacted by these omissions.

These concerns were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Some people and their relatives told us the service was well-led. People's comments included; "I have spoken to the manager and they are very friendly" and "I am quite happy to contact the Manager if I have any concerns." However, some provided a different viewpoint. One relative said, "Whenever I have phoned the office, I have been put through to the owner who always seems to be driving. This leads to errors as they do not make notes. All seems a bit disorganised." Another relative said, "When we have contacted the company to complain about the late visits, they have just said that they are having driver issues but that is not really good enough. It does not reassure me that it will not happen again."
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a very positive way and reflected on how they were managing the service and the

improvements they wanted to make.

- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.

The manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed, and their care was planned in a person-centred way.

- The service was led by a motivated registered manager and staff team. They were committed to providing a service that promoted person-centred values and a strong commitment to promoting independence and social inclusion.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "The manager is very good, she respects your views and acts on any concerns." Another staff member said, "I think our manager is very supportive."

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 manager was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- People and their relatives were encouraged express their opinions via the telephone or during visits.
- Staff had a clear understanding of their roles and their day to day work was steered by the people they supported. Staff were had opportunities to develop their skills to ensure provision of better quality of care.
- The provider had stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- The registered manager was a member of the Oxfordshire Association of Care Providers (OACP) and told us this was a "Supportive organisation which helps us to keep up to date."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to monitor the quality of the service were not always effective.</p> <p>Records and policies were not always accurate and up to date.</p>