

You-Cas Limited

YOU-CAS Limited

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

We undertook an announced inspection of YOU-CAS Limited on 16 and 24 August 2017. We told the manager two working days before our visit that we would be visiting because the location provided a community care service for people in their own homes and we needed to be sure the staff would be available.

YOU-CAS Limited provides a domiciliary care service to people living in their own homes. At the time of the inspection there were six staff including the manager, providing a regulated service to five people.

At the time of the inspection the manager in place had made an application to CQC to become the registered manager.

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.

There were shortfalls in people's medicines and care records and in the governance systems in place. The manager's and provider's quality assurance systems were not yet embedded to effectively identify shortfalls and to improve the safety and quality of the service. This was a breach of the regulations.

There were some areas of people's medicines management that needed improvement and the manager took immediate action. This included 'as required' (PRN) medicines plans and assessing the competency of staff to administer medicines.

Staff were caring and treated people with dignity and respect. People told us they felt safe and staff were trained in adult safeguarding procedures. Risks to people and their environment were assessed and managed.

People received care and support in a personalised way. Staff knew people well and understood their needs. There were care plans in place so that staff knew what care and support to provide people. People received the health, personal and social care support they needed.

Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff received an induction and core training so they had the skills and knowledge to meet people's basic care needs. However, staff had not received training on mental health conditions but there was a training plan in place that included this training. There were enough staff employed but not all staff were safely recruited.

People and staff told us the manager was approachable and sought their views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Overall, people received a safe service but some improvements were needed in relation to the record keeping and staff recruitment.

Staff knew how to recognise and report any allegations of abuse.

There were emergency plans in place.

Requires Improvement ●

Is the service effective?

The service was effective.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

People were supported with their nutritional needs where this was provided by the service.

Staff received regular one to one supervision sessions with the manager.

Good ●

Is the service caring?

The service was caring.

People's independence was promoted. They were involved in planning the care and support they received. Their dignity and privacy was respected at all times

Good ●

Is the service responsive?

The service was responsive.

People told us the care they received was personalised and their needs were reviewed regularly to ensure their care plans remained appropriate.

The manager and provider sought feedback from people. There was a complaints procedure was in place.

Good ●

Is the service well-led?

Requires Improvement ●

The service requires improvement in the record keeping and the governance systems in place to ensure that it was well-led.

Staff spoke highly of the manager, who was approachable and supportive.

People's and staff's views were sought through regular surveys and face to face contact with the manager and provider.

YOU-CAS 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 was planned to check 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.

The inspection took place on 16 and 24 August 2017 and was announced. We told the manager two working days before our visit that we would be visiting because the location provided a community care service for people in their own homes and we needed to be sure the staff would be available. Two adult social care inspectors visited the service on both days of the inspection.

We spoke with two people using the service to learn about their experiences and one family member. We spoke with the manager and two of the directors of the provider. We also spoke with or received email feedback from four staff.

We reviewed four people's care and support records. We also looked at four staff files, training records and other records relating to how the service was managed.

Before the inspection, we reviewed the information we held about the organisation including information the provider was legally obligated to notify us of. Following the inspection we received feedback from one healthcare professional.

There was not a pre inspection questionnaire (PIR) requested for this inspection.

Is the service safe?

Our findings

We reviewed the medicines management systems in place and people's Medicines Administration Records (MAR). Most people managed some elements of their medicines administration themselves. However, some people required support with prescribed creams. There was a system in place for the ordering and disposal of these medicines. Where people had prescribed creams, their records contained a cream direction chart for each cream, with a body map showing the areas the cream should be applied to and instructions for how it should be applied.

The cream direction charts we saw were not dated when the record started, which made it more difficult to see whether the documents were up to date. The cream records had been signed to show people had their creams applied as prescribed. In addition, one staff member had signed to show they had applied one person's prescribed creams before they had applied it. The manager identified and addressed this immediately with the staff member.

These shortfalls in medicines record keeping were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people required 'PRN' (as required) medicines there were plans in place and the medicines had been administered in accordance with the guidance. However, the plans did not include a maximum dose of the medicines in a 24 hour period. The manager took immediate action and updated the plans with this information.

On the first day of the inspection three of the four staff who provided the personal care service had not had their medicines competency checked in relation to the administration of medicines including prescribed creams. We drew this to the manager's attention. On the second day of the inspection the manager showed us a newly developed a cream competency assessment tool and evidence that staff's competency was starting to be assessed. This was an area for improvement.

People told us they felt safe with their current staff and said that staff treated their belongings with care. Someone who had difficulty on steps told us, "When I go down steps... [staff member] always makes sure that I'm OK. She's really good with that."

The organisation had a safeguarding policy and staff had received safeguarding adults training.

People's individual risks were assessed, as were risks posed to themselves and staff by their home environment. Individual risks were assessed in relation to the areas covered by people's care and support plans, and in relation to other relevant risks such as the risk of falls. One person had a health condition and their risk assessment provided staff with instructions on what action to take should they become unwell. When we spoke with the person they confirmed that staff knew what to do and had supported them safely when they had become unwell whilst out in the community. They commented, "I trust her so much."

Where people had accidents or incidents there was a system in place to ensure these were recorded and investigated. One person had fallen. They told staff they did not want to see a GP. Three days later records showed the person was advised to be more careful when mobilising, however, there was no record of a welfare check to ensure they had recovered. We drew this to the manager's attention who told us the person had not sustained any injuries.

On the first day of the inspection we found recruitment procedures were not fully robust. We reviewed three recruitment records. We found that two of the three records contained all the information required. However, one record did not have all the required information. For example there was not a full record of their previous employment and a reference had not been sought for a previous job within a social care setting. We drew this to the attention of the manager. They confirmed they would obtain a reference and make full checks of the staff member's employment history. On the second day of the inspection, the manager confirmed they had taken action. They also showed us the action taken on prospective employee which confirmed they were seeking full information about people's suitability including robust checks of their employment history.

Some staff used their own vehicles to transport people. On the first day of the inspection the manager was not able to confirm that checks of staff vehicles and insurance had been undertaken. On the second day of the inspection the manager told us they had acted on this.

There were enough staff to meet the personal care needs of the people who were using the service. There was small team of four staff who provided personal care as well as social and welfare support to people.

The manager confirmed there was an emergency contingency plan in place and sent us a copy following the inspection. This included how the service would manage and support people in a number of different emergencies.

Is the service effective?

Our findings

People told us that the staff that helped them had the right skills and knowledge. One said, "They do help me a lot."

A member of staff who had not worked in care for a long time had undertaken the YOU-CAS Limited induction and the Care Certificate, a nationally-recognised qualification for staff who are new to care to give them the skills they need to be able to support people.

We reviewed the organisation's training matrix. This showed staff had received training in areas such as first aid, medicines, food hygiene, infection control, safeguarding, fire awareness, health and safety, manual handling, epilepsy, diabetes and choice, dignity and diversity.

One member of staff supported someone diagnosed with diabetes and had received training to ensure they had the right knowledge and skills. All of the people receiving the service had a mental health diagnosis. However, none of the staff supporting them had received any training on this. The manager told us they had arranged for staff from one of the local authorities to come and do some workshops on schizophrenia, although these had not happened as yet. Following the inspection the manager wrote to us and confirmed their training plans for staff which included training on mental health conditions.

The manager planned to introduce champions in dignity, end of life care, medicines, autism and dementia, with additional training to support staff in these roles.

Records showed staff received regular supervision and there was a plan to complete staff appraisals. Three staff told us they received regular one to one supervisions session with the manager and that they felt well supported.

When people's contracts were transferred to the new service, the manager involved advocates from the local mental health forum to ensure people understood what they were signing up to and the implications of this.

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.

Staff had an understanding of MCA legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Everyone was able to consent to their care. One person had given lasting power of attorney for their financial affairs to a relative, as looking after their financial affairs overwhelmed them.

People had signed documents within the past year showing their consent to various aspects of their care, including their service contracts, whether they required a copy of their support plan in their room and whether they consented to staff entering their home.

People told us staff always checked with them before providing care and support.

People were supported with their nutritional needs. One person had been advised to drink plenty of liquid following a health issue and this was reflected in their care and support plan.

People had the support they needed to maintain their health, including visiting health and social care professionals. For example, people attended appointments with their GP, practice nurse, clozapine clinic, psychiatrist and other hospital specialists. When there had been urgent health concerns, staff had contacted the appropriate services for people.

Is the service caring?

Our findings

One person described their main care worker as, "Very Kind." They told us that their care worker was respectful to them and careful with their belongings. Another person said of their main care worker, "[They] are lovely...sincere and really wants to help. [They] are very caring."

People told us they knew who would be supporting them, because they either received a rota or they always had the same member of staff. The manager said that having such a small service enabled them to be flexible to meet people's needs and preferences. She said the service always sent people timesheets afterwards, for them to confirm what support they had had. Where people had preference for the gender of staff to provide their personal care, this was recorded in their notes and people told us this was acted upon.

People told us they had been involved in devising their care plan and records confirmed this. One person had been provided with a large print copy of their plan so that it was easier for them to read.

The service promoted equality, recognised diversity, and protected people's human rights. For example, the manager told us about one person who used the service for respite. They described how they had worked with other people to make sure they understood and recognised the person's diversity. They told us that the individual felt supported by staff and other people; and had recently extending a respite stay because they felt comfortable and were enjoying their break.

The service promoted people's independence and wellbeing. The manager gave us examples of how the support provided by the service had encouraged people to be more independent. For example, one person was initially not confident to leave the house and interact with other people. They now attend a daily social activity and are considering voluntary work. Another person did not communicate verbally when they first started using the service and had progressed to speaking with other people in the house and going to the shops and speaking with members of the public.

The manager said they gauged people's satisfaction with the service through regular monthly reviews. They said they went out of their way to meet every one of the people who used the service and had built rapport with them.

Is the service responsive?

Our findings

People told us their staff were reliable. For example, someone said, "[Staff member] never lets me down]" and their relative commented to the person, "She keeps in contact all the time with you."

People's needs were assessed before they started to receive a service. This was to ensure staff understood what help or support the person required and were confident they were able to meet their needs.

The manager and staff knew people well and were able to tell us about their strengths, needs, likes and dislikes. This information was reflected in people's care and support plans.

Risk assessments and care and support plans were personalised and addressed the relevant aspects of people's lives. For people's personal care, this was under headings such as personal care, mental and physical health including details of particular health conditions, and medication including details of any medicines that needed particular attention.

Care and support plans promoted independence, emphasising what aspects of care people could do for themselves. They gave clear guidance about the support people needed from staff. For example, one person had a visual impairment. Their care plan described how staff needed to support the person including when they were accessing the community.

Care and support plans were reviewed monthly or as necessary with the person, and were up to date. One person told us they were involved in their review and records confirmed that staff had completed monthly reviews with the person either by telephone or through review visits.

People had the opportunity to go on holidays with the service if they chose to. These included holidays to the providers' home in France, holidays to India and Spain and cruises.

One person said they had been told how they could make a complaint about their service and had been given a copy of the provider's guide for people who use their service. This set out the standard of service people could expect, including information about how to raise complaints and comments. However, another person did not feel confident about making a complaint. This related to a historical concern and this was discussed with the manager.

The manager told us people were provided with information about making complaints or raising concerns at the start of their service. They told us it was important that people knew them so that they felt comfortable to discuss any worries they might have. We looked at the complaints and comments received by the service and saw these had been investigated and resolved.

Is the service well-led?

Our findings

People's records did not include a full and accurate record of the care and support they had received. This was because the records did not consistently include when personal care and other support had been provided to people. In addition, one person's records contained confidential information about other people.

The manager told us there was not any formalised systems or audits in place to check that people had their medicines administered and or creams applied as prescribed. The staff also supported some people with managing their day to day finances and we saw there were records of these transactions. However, there was not any regular check or audits of these transactions by the manager or provider. In addition, the current governance systems had not identified the shortfalls in staff recruitment and people's care records.

The shortfalls in people's record keeping and governance of medicines and people's finances were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the systems and processes in place were not effective.

The manager was responsive and took action to address or investigate the shortfalls we identified during the inspections.

There were regular staff meetings and director meetings. The minutes showed that any learning from incidents, accidents or complaints was shared with the staff team.

The director and the manager had regular contact with people who used the service. They told us they sought feedback from people when they spent time with them.

The manager showed us the quality assurance and governance systems that were being implemented. This included a system of audits and checks. However, these were not yet established or embedded.

The director for the provider told us they planned to implement additional oversight and checks of the governance system that were being implemented. This as they could monitor the safety and quality of the service that was being provided to people.

People's feedback was sought. The manager told us that they had not been able to find any records of feedback from people prior to them commencing in post. The manager had therefore started to seek feedback from people to learn about their view of the care and support they received. The manager had recently received the results of people's surveys and had a plan in place to analyse the findings to drive forward improvements. Staff surveys had been in the process of being completed and were focused on the key questions of safe, effective, caring and responsive services for people. These were largely positive responses and the manager had developed an action plan.

The manager said they "like to be a hands-on manager". They said there was not a lot of staff sickness but

that there were recruitment issues. A number of staff had left the service, including management and administrative staff. The deputy manager's post was vacant, and the senior management team were considering recruiting seniors to a more supervisory role instead of recruiting to this.

The manager had been promoted into post earlier in the year and her application to register as manager was being assessed. She said she had been well supported, and that when she had had to take time off work the providers had stepped in to provide management and administrative cover. The manager said there was not yet a plan in place for covering her leave, as they needed to recruit and train staff into a supervisory role.

When asked what the service did really well, the manager replied, "We offer so much flexibility to our community clients... The strapline on our website is 'a familiar face' and we do stick with this."

The manager told us they promoted an open, person-centred culture through spending time with people who received a service. During the inspection people came to the office, which was in the back garden of one of the houses. One of them, who did not receive personal care, told us, "It's a good service."

The manager said no staff had approached them with any whistleblowing concerns. They said that staff had all read the whistleblowing policy and had undertaken training that covered this. Most staff told us and fed back they knew how to whistleblow and had confidence that the manager would address any.

The manager said they had attended some local provider forums, including the forum for home care.

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	Regulation 17 HSCA RA Regulations 2014 Good governance There were shortfalls in the record keeping and governance of the service.