

Stress Free Executives Ltd

Yowsun Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Yowsun Care is a domiciliary care agency who provide personal care to people in their own homes. At the time of inspection 3 people were using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and their relatives were very positive in the feedback they gave about the service. One relative said, "I can't find any fault at all, we get regular care at a regular time, we are very happy."

The provider had been successful in driving improvements at the service. Systems had been put in place to monitor the service and improve outcomes for people.

Care planning was person-centred and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicines when needed were dispensed by staff who had received training to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People when needed were supported with hydration and nutrition. The provider responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

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

The last rating for this service was inadequate (published 16 January 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yowsun Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection program. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Yowsun Care

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 completed by one inspector.

Service and service type

Yowsun Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 25 October 2022 and ended on 26 October 2022. We visited the location's office on 25 October.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 1 relative. We spoke with the registered manager and a member of care staff. We reviewed a range of records including 3 people's care records, 1 staff recruitment folder, audits, policies and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the service was in breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to not having systems in place to safely mitigate risks to people. They were also in breach of Regulation 19 (Fit and proper persons employed) due to recruitment processes not being safe. At this inspection improvements had been made in both areas and the service was no longer in breach.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and with the support they received. One person said, "I definitely feel safe with staff, nothing bad happens."
- Staff had received training and knew how to safeguard people. A member of staff said, "It is my duty to make sure people are treated with dignity. If I thought there was any signs of abuse I would raise this with my manager and follow it up."
- The provider had a 'whistle blowing' policy for staff to follow and followed the local authority's safeguarding policy.
- The registered manager knew how to safeguard people and would work with the local authority if needed to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to assess people's needs and mitigate risks of harm to them.
- Risk assessments and care plans provided guidance to staff to support people who were at risk of falls, pressure sores, diabetes and moving and handling safely. A member of staff said, "We monitor the skin for any breakdowns so that help can be sought quickly."
- The registered manager had a system in place to check care calls were happening when they should and to monitor for the risk of missed calls.
- Environmental risk assessments were completed before care commenced to ensure staff were safe and people were being supported safely.
- The registered manager had business contingency plans in place to support the service through any untoward events, to ensure the service could continue to run.

Staffing and recruitment

- People were supported consistently by the same staff. A relative said, "Everything has been perfect, we are very happy with the staff."
- Recruitment processes were followed to ensure staff employed were suitable for the role. This included obtaining references, checking work history and obtaining a Disclosure and Barring Service (DBS) check.

This information helps employers make safer recruitment decisions.

Using medicines safely

- There were processes in place to support people with medicines safely. Where people required support medication administration records were kept and body charts used to guide the application of creams.
- Staff had received training in supporting people with medicines and had their competency checked to do this.
- There was a medicine policy in place to provide guidance to staff and the registered manager completed regular audits of medicine records.

Preventing and controlling infection

- Staff had received training in infection prevention and control and COVID 19. Staff were provided with personal protection equipment (PPE), and had their competency checked to use this.
- A relative told us, "When the staff come in they wash their hands and put their PPE on before they do anything."
- The provider had policies in place to support good practice and followed government guidance.

Learning lessons when things go wrong

- The registered manager had systems in place to learn lessons when things went wrong. Accident and incidents were recorded and information shared with staff during staff meetings and one to one meetings.

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.

At our last inspection we rated this key question was inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the service was in breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to staff not receiving adequate training. They were also in breach of Regulation 11 (consent) due to the provider not being able to evidence they gained people's consent. At this inspection improvements had been made in both areas and the service was no longer in breach.

Staff support: induction, training, skills and experience

- When new staff started at the service, they were given a full induction by the registered manager. This included completing training relevant to their role, an opportunity to read people's care documents and shadow calls with experienced staff.
- One member of staff said, "When I got the job I was taken around for shadowing, I went through policies and company's do's and don'ts. I had training in safeguarding, health and safety and had objectives set."
- Training records showed staff covered such subjects as infection control, moving and handling, medicines, first aid and basic life support amongst others. Where specialist training was needed this had been sourced such as diabetes care.
- Staff had spot checks and supervision with the registered manager to check they were performing their role correctly and identify any further support required.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in MCA and knew to gain consent from people to support them with their care.

- The registered manager spoke with people about their care and support needs and recorded their consent.
- A relative said, "What I like is the staff always talk to you and explain what they are doing they never just do something."

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

- Before people began using the service their care needs were assessed and their choices for care recorded in support plans for staff to follow.
- The provider had policies in place to support care being provided in line with standards and best practice.

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

- People using the service were able to provide their own food and drink or had relatives who did this for them. One person said, "[Staff name] always checks I have a drink before they leave."
- The registered manager had nutritional assessments in place should these be needed and staff had training in supporting people with nutrition and hydration.

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

- The registered manager linked in with other healthcare professionals when needed such as GPs, physios, district nurses and occupational therapist. One relative told us, "[Staff name] keeps an eye on [person name] health and any changes they let me know straight way so I can contact the doctor."

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the service was in breach of Regulation 10 (respect and dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to staff not treating people with dignity and respect. At this inspection improvements had been made in both areas and the service was no longer in breach.

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

- People and their relatives were very complimentary of the staff and the care and support they received. One person said, "The staff really care, they are very helpful." A relative said, "It feels like [staff name] really cares about what they are doing."
- People told us they were very happy with the service, one person said, "They [staff] have kept it up beautifully, staff come at the time we agreed, I cannot fault them."
- People had personal care plans and their equality and diversity was respected.

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

- People were supported to express their views, the registered manager met with people and their relatives to discuss their care needs. One relative said, "[Managers name] keeps a big check on everything and sees us at least once a month."

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported in a dignified way and staff helped them to maintain their independence. One person told us how they were being supported to mobilise and keep active.
- A relative said, "We have a regular carer at a regular time which works really well for us."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the service was in breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to people not having person centred care plans. At this inspection improvements had been made and the service was no longer in breach.

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

- Before people received care a full assessment of their needs was completed by the registered manager. In agreement with people and relatives a care plan was formulated identifying their needs and wishes for care.
- Care plans were regularly reviewed with people and their relatives so that staff had the most up to date information to support people.
- Where there were specific concerns or health related conditions risk assessments and information was in place to enable staff to support people safely.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were considered, and care planned appropriately to ensure these needs were being met.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and people knew how to make a complaint. Any concerns raised were recorded and responded to in line with this procedure.

End of life care and support

- People's wishes at the end of their life were considered.
- Staff received training in how to provide end of life care and the registered manager had worked closely previously with the palliative care team. At the time of inspection no one was receiving end of life care.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection the provider placed the service in a period of dormancy whilst they addressed issues from that inspection. They completed an action plan and sought advice and support from a consultancy company.
- The registered manager said, "I have learnt a lot since the last inspection about what it means to have complete oversight of the company."
- The registered manager worked full time at the company and has focused their efforts on making improvements and working within regulatory requirements.
- Improvements had been made across all the key questions. There was now an effective quality monitoring process in place, with audits allowing the registered manager to continually monitor the service and make improvements.
- Staff were clear about their role and felt supported by the registered manager. One member of staff said, "The manager is very supportive and always available."
- The provider had invested in training for staff to support them gain the skills they need to provide care for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager spent time with people discussing their care needs and formulated person-centred care packages. One person said, "We were able to change our call times when we found it worked better for us to have an earlier evening call. It meant we could spend time together in the evening."
- People and relatives expressed the care they received had resulted in positive outcomes for them. One relative said, "We had poor experiences with other companies, but this company looks after us really well."
- The provider understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had systems in place to regularly engage with people and their relatives. This included meeting with them to discuss their care needs and getting feedback in person and through questionnaires.

- One survey said, 'The carers are very good, that makes me less anxious'. A relative told us, "The manager is always asking if everything is okay or are there any problems."
- Staff had regular meetings to discuss the running of the service, people's care and to share any relevant updates.
- People's equality characteristics had been considered and people were supported with their cultural and religious beliefs.
- When required the service worked in partnership with others to support positive outcomes for people.