

YoD Ltd

YoD Care Services

Inspection report

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06 April 2023

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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

YoD Ltd is a domiciliary care providing regulated activity of personal care. The service provides support to older people, people living with Dementia and young adults. At the time of our inspection there were two people using the service.

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

People received safe care from staff who knew them well. There was a safeguarding policy in place and the registered manager and staff knew how to identify and report concerns.

There were sufficient staff available to support people safely. Staff had the necessary training and experience. Risks to people were assessed, managed and reviewed. Medicines were managed in a safe way. There were infection control procedures in place.

People and their relatives told us staff who supported them were kind and caring and treated them with respect. Staff understood the importance of respecting people's diverse needs and promoting independence.

People were involved in decisions about their care and support. There was a clear commitment and focus on supporting people to develop their independence and choices.

Staff respected people's privacy, dignity and independence and their right to confidentiality. People and family members were encouraged to express their views and opinions and make decisions about the care provided.

People had access to health and social care professionals where required in a timely way. People were supported by staff to maintain a balanced diet where this was part of their care package.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were trained and supported to understand their roles and responsibilities.

Auditing and quality assurance processes were in place to enable the service to identify where improvement was needed.

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

Rating at last inspection

This service was registered with us on 03 September 2021, and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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

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 safe.

Details are in our safe findings below.

Good 

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 effective findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our effective findings below.

Good 

YoD Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service 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 a short period notice of the inspection 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 26 March 2023 and ended on 06 April 2023.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. We sought feedback from professionals who work with the service. 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

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with the registered manager and 2 care staff. We also spoke with 1 person and 1 relative of people using the service.

We looked at a range of documents and written records including 2 people's care records, 3 staff recruitment records and information relating to staff training and the auditing and monitoring of service provision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the provider to validate evidence found. We continued to look at records the registered manager shared with us.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Systems and processes were in place to protect people from abuse.
- Staff completed safeguarding training and had access to guidance about the different types and indicators of abuse and how to report any concerns.
- Relatives and people told us they had no concerns about safety. They told us they would let someone know if they had any concerns about their safety or the way their relatives were treated. Comments included, "[Person] is safe with the carers, I have no concerns" and "I trust my carers, they keep me safe."

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively.
- Risk assessments considered risks associated with people's environment, their care and support, mobility and health conditions.
- Regular reviews took place and plans were updated to reflect any changes in people's needs.
- Staff told us risk assessments provided them with clear information about the risks people faced and how to manage them safely. Staff were confident about reporting any concerns about people's safety.
- The provider had a business contingency plan which provided information and guidance on actions staff should take in emergency situations.

Staffing and recruitment

- There were enough staff to meet people's needs safely. People received consistent care from staff who knew them very well.
- Recruitment procedures were safe and thorough. Staff files contained references and other appropriate background checks.
- People and relatives told us staff were on time and had enough time to care for them safely. They said, "We have not experienced any lateness, missed calls or cancellations."

Using medicines safely

- People received their medicines as they had been prescribed.
- Staff had been trained and their competence to administer medicines assessed. Policies and procedures were in place for staff to follow and these reflected good practice guidance for the safe management of medicines.
- Medicines administration record (MAR) charts were used by care staff to record what medicines people

had been offered. These included when skin creams had been prescribed to people. These records helped to show people received their medicines as prescribed.

Preventing and controlling infection

- Safe practices were followed to help prevent the spread of infection including those related to COVID-19.
- Staff wore personal protective equipment (PPE), including face masks, when supporting people with personal care. The service provided staff with the PPE they required and ensured it was properly disposed of after use.
- Staff were trained in infection control and had regular updates as necessary.
- The service followed government and CQC guidance on infection control and carried out infection control and COVID-19 risk assessments. Staff understood that people were at high risk of contracting COVID-19 due to their age and/or medical conditions and ensured they followed best practice in order to keep people safe.

Learning lessons when things go wrong

- Lessons were learned and shared across the staff team.
- Changes were made to the service based on feedback from people, relatives and staff.
- No accidents or incidents had occurred at the service, however there was a system in place for recording, monitoring, managing and learning from any accidents and incidents.

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.

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

- People received care and support in line with standards, guidance and the law. People's needs were holistically assessed to include their physical, mental and social needs.
- People's needs were assessed before they began using the service to ensure these could be met. If people were referred to the service in an emergency, assessments were carried out at the shortest delay possible. Following this staff wrote comprehensive personalised care plans and risk assessments for people.
- The service had clear policies and procedures in place to ensure people's health and social care needs were met.
- People and their relatives told us, "I have seen the care plan. The manager completed an assessment before the care package started."

Staff support: induction, training, skills and experience

- Staff had the necessary skills, knowledge and experience to perform their roles.
- Staff completed the Care Certificate as part of their induction. This is a nationally recognised qualification which aims to equip health and social care support workers with the knowledge and skills needed to provide safe and compassionate care. New staff worked alongside experienced staff to ensure they could meet the needs of the people they supported.
- Staff completed a wide range of training courses including dementia care, mental health awareness, and equality and diversity. If specialised training was needed this was provided.
- A relative told us, "The staff are experienced and know what they are doing."

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

- People were supported to maintain a balanced diet. Where people received support with their meals and drinks their dietary preferences and any allergies were recorded in their care plans. Daily care records showed staff offered people choices to meet their preferences.
- Staff had been trained in food safety. This helped to ensure they provided effective care when people needed support with their meals and drinks.
- A person told us, "I am Muslim and they respect this. They prepare my food just as I like it."

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

- The service worked collaboratively with healthcare professionals. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people received

the right healthcare. Records confirmed this was the case for ongoing and emerging health issues.

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Referrals were made to other professionals as needed, and this was recorded within people's care plans.

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.

- The service worked within the principles of the MCA.
- The registered manager and the staff we spoke with demonstrated an understanding of the principles of the Act and how to work in people's best interests.
- People's capacity were considered at the initial assessment and care staff were encouraged to support people to make their own decisions where they could.
- Consent forms, signed by people who used the service, were included within people's care files.

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.

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

- People's rights were promoted, and person-centred care was delivered. People and their relatives expressed their satisfaction with the care provided and made complimentary comments about the staff team. Comments included, "The carers are very nice people, they treat me well." And "The carers are nice, helpful and respectful."
- The provider promoted equality and diversity. The team was diverse and respectful of cultural differences.
- Staff completed training in equality and diversity and were aware of the importance of treating people equally.
- People's protective characteristics such as their disability and ethnicity were taken into consideration when supporting them. People and staff were matched according to their individual preferences as well as language requirements. A person told us, "I am Muslim and the carers respect my belief. They take their shoes off when they come in my home."

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

- People were involved in their care and were supported by the provider to actively express their views.
- Staff told us they always obtained consent from people before commencing care. This promoted trusting relationships and created an environment where staff, people, and relatives felt comfortable to express their views.
- The registered manager communicated with people regularly and valued people's individual choices.
- People's views were respected. Care plans contained people's views on their care and daily care records showed people were asked for their preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's rights to privacy and dignity and this was supported throughout people's care records. Staff promoted person-centred values and ensured people were treated with dignity and respect.
- People's privacy was promoted by ensuring their information was kept confidential and only shared when necessary, in line with legal requirements.
- Care plans outlined people's level of independence and the importance that this should be promoted whilst offering support. For example, people were encouraged to independently take their medicines if they could rather than staff administering these.

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.

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

- Care was person-centred and reflected people's choices and preferences.
- People's care plans were personalised and written from their perspective. They explained to staff what people would like them to do from when they first arrived at the person's home. They included people's preferences, for example, how they liked to dress and what they would like to eat and drink.
- People's care plans were comprehensive. They covered areas such as personal care, medicines, nutrition, and oral hygiene. Where people's relatives were involved in their care, care plans explained the breakdown of tasks, so staff and relatives could work in partnership with each other.

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.

- Care plans reflected people's communication needs and detailed what actions were required to ensure people's communication needs were met.
- For people who had difficulty with their vision, information and care plans were available in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation and encouraged to maintain links with family and friends.
- Staff told us they supported people to go out in the local community to help people keep in touch and to be part of the local and wider community.

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints procedure in place.
- People and their relatives told us they knew how to complain but did not have any complaints. They said they could approach staff or registered manager if they had any concerns.
- Relatives told us that they were confident that the registered manager would deal with any concerns in a timely way.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found there was an open culture within the service. The provider had a clear passion and commitment to providing a person-centred responsive service. Staff we spoke with shared this commitment.
- People were supported in a sensitive and kind manner. Feedback from relatives was positive and evidenced they felt included and listened to. People and their relatives spoke very positively about the registered manager and staff. They told us, "It is the best service we have experienced by far." And "I have no complaints. They are good 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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support and applied duty of candour where appropriate.

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

- Roles and responsibilities for the management of the service and staff team were clear.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- The provider and registered manager understood and demonstrated compliance with regulatory and legislative requirements. They knew to notify CQC of incidents and events occurred at the service.
- Risks and quality were assessed, monitored and audited. Checks were completed regularly to help inform the management team whether people received a good quality service. These checks helped to identify where improvements could be made and whether any trends and themes could be identified.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff understood their responsibilities, they were provided with job descriptions and had access to a range of policies and procedures relating to their work.

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

- People, relatives and staff were regularly asked for feedback about the service through meetings, phone calls and reviews. This information was used to further develop the service.

- Staff told us their views were listened to and acted upon by the registered manager. Staff said they felt well supported.
- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met.
- Care records showed evidence of professionals working together. For example, GPs. Regular reviews took place to ensure people's current and changing needs were being met.

Continuous learning and improving care; Working in partnership with others

- The service was committed to continuous learning and improvement.
- The provider kept up to date with national policy to inform improvements to the service.
- A number of audits and checks provided information which was used to inform improvements to areas of work, such as record keeping and care delivery.
- Spot checks were completed with staff to help ensure they continued to provide care as required.
- Regular surveys were undertaken to gain feedback from people who used the service and their relatives.