

YOU & I CARE LTD

You & I Care - Mid Surrey

Inspection report

Dorset House
Regent Park, Kingston Road
Leatherhead
Surrey
KT22 7PL

Tel: 01372824668
Website: youandicare.co.uk

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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

You & I Care – Mid Surrey is a care at home agency providing care to people in their own homes. The service is registered to provide personal care to older people, people living with sensory impairments, mental health needs, dementia, and physical and learning disabilities. Not everyone who used the service received personal care. 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. There were three people receiving the regulated activity personal care at the time of the inspection.

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

People who used the service and their relatives told us they felt safe from abuse when being supported by staff. People told us they had not experienced missed care visits and that staff attended in the agreed timeframes. Risks associated with people's care were assessed appropriately. People's medicines were recorded electronically, and the provider regularly audited these to ensure people were receiving their medicines on time.

Staff told us they had sufficient time to travel between visits and they had received relevant training in relation to their role. Staff told us they felt encouraged to undertake further training and that they had received regular supervisions where progression was discussed. Staff competency checks were undertaken to ensure staff had the skills required to support people. The feedback we received from people reflected this.

We observed staff following infection prevention and control guidance in relation to COVID-19 whilst in the office. People told us staff used personal protective equipment (PPE) appropriately when they undertook care visits.

People and their relatives told us staff were kind, caring and respectful towards them. Staff encouraged and supported people to be as independent as possible. People's care plans provided staff with the information required to support people effectively.

There were systems in place to monitor the quality of care provided and action was taken where areas of improvement were identified. People, their relatives and staff knew how to complain and told us they felt confident the provider would listen to their concerns and address these.

People, their relatives and staff told us they felt the service was well-led and encouraged people to be engaged and involved in their care.

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.

Although the service was not providing care to anyone with a learning disability, we expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximised people's choice, control and independence; People told us they knew when to expect visits and that visits respected their preferred times. People were supported to live in their own homes and told us that staff supported them to remain in their homes when their care needs changed to ensure they were able to retain their independence. This included ensuring people were supported to contact healthcare professionals and to do their shopping at short notice.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights; People and their relatives told us staff were respectful, caring and understanding around people's emotional and physical needs. People told us they were treated in a dignified manner that respected their human rights and that they were supported with their cultural and religious needs. Staff had completed training for learning disabilities and equality and diversity. People told us they were involved in their care planning and that they were in control of how they wished to be supported. Where people were unable to use standard texts, the provider had looked at ways to ensure information was accessible.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives; The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. People and their relatives told us they felt confident to approach the management team and that their suggestions would be listened to. Staff told us they felt supported by the management to continuously learn and develop their skills.

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 9 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service first registered with us.

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 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 well-led.

Details are in our well-led findings below.

Good ●

You & I Care - Mid Surrey

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 team consisted of one inspector.

Service and service type

This service is a care at home agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 9 February 2022 and ended on 21 February 2022. We visited the location's office on 11 February 2022.

What we did before the inspection

We reviewed information we had received about the service since it first registered with CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care

provided. We spoke with three members of staff including the registered manager, care coordinator and carer. We reviewed a range of records. We looked at three staff files in relation to recruitment. We reviewed three people's care records including medication administration records (MARs). A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought feedback from the local authority and professionals. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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; Learning lessons when things go wrong

- People who used the service and their relatives told us they felt safe from abuse when being supported by staff. One person told us, "I have thought about it and we feel safe." A relative told us, "[Person who used the service] is safe with them."
- Staff understood what constituted abuse and the actions they should take in response. One member of staff told us, "When I see a bruise, I have to write it in the chart and I tell the line manager. Abuse is mental, physical, financial. I have to inform the police."
- We reviewed documentation which showed staff had undertaken training for safeguarding and there were systems in place to ensure training was updated regularly. One member of staff told us, "I did safeguarding training (when they recently undertook my induction training)."
- The provider had shared learning from other services they operate to ensure lessons were learnt. For example, they had shared best practice guidance to reduce the risk of choking. One member of staff told us, "They come down from [another branch operated by the provider] and help us. They're really helpful."
- The provider had undertaken a regular analysis of accidents and incidents to look at ways the risk of them occurring could be reduced. Where no incidents had occurred, this was also reflected and good practices were shared with staff.

Assessing risk, safety monitoring and management

- People and their relatives told us staff took steps to identify risks and reduce the risk of potential harm to them. This included the risk of developing pressure areas, falls and choking. One person told us, "[Staff] came and looked at the house to make sure [person who used the service] was safe. They then suggested that [person] may need the occupational therapist to come out and have a look."
- Staff told us they knew how to reduce risks when visiting people in their home. One member of staff told us they read risk assessments and commented, "I check if the air mattress is working [to reduce the risk of developing pressure areas]."
- The provider had undertaken assessments to provide staff with guidance on potential risks and the action they should take to minimise risks. For example, where a person had a ramp leading up to their house, there was clear guidance on what staff should do themselves and what they should do to best support people to walk on it.
- The provider had a contingency and prioritisation plan in place to be used in the event of emergencies. As part of the plan, people's risks and needs were assessed to ensure they received essential care to keep them safe from risks of harm to their health and well-being.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. This included requesting references from previous employers and checks with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they had not experienced missed visits and that staff attend during agreed timeframes. One person told us, "I think they're always punctual." A relative told us, "As far as I know, they're usually on time."
- The provider had plans in place to cover staff shortfalls in the event of sickness or other short-notice absences. Staff told us there were a sufficient number of them to cover agreed visits. One member of staff told us, "They give me enough time [to travel]."

Using medicines safely

- People told us staff supported them to take their medicines safely. Where people were prescribed 'when required' (PRN) medicines, there were protocols in place for staff to ensure manufacturer's instructions were followed. One person told us, "I'd be taking three doses at one time if I did not have their help."
- Where the service was managing people's medicines, there were medication administration records (MARs) in place. MARs were recorded electronically and we saw the registered manager had regularly audited these to identify and address potential issues.
- Staff had undertaken training and competency checks for the administration of medicines to ensure they had the skills required. We reviewed records in relation to medication training and staff confirmed they had undertaken relevant training. One member of staff told us, "[The management team] checked the medication [competency] before we give."

Preventing and controlling infection

- People and their relatives told us staff followed relevant infection prevention and control (IPC) guidance. One person told us, "They've always worn the masks." A relative told us, "As far as I know, they have all the right [personal protective] equipment."
- We saw the provider had ensured staff had access to the latest updates in best practice IPC guidance. Staff told us they understood current national guidelines in relation to personal protective equipment (PPE) and that they always had access to sufficient PPE. One member of staff told us, "We have to wear gloves, aprons and masks. We have to wash our hands after everything."
- The registered manager had ensured unannounced 'spot checks' were undertaken to check staff were following IPC guidelines to keep people safe. During our inspection, we observed staff following national guidelines in relation to PPE.
- We saw records confirming that staff had undertaken training in relation to IPC and the provider had ensured staff had access to adequate supplies of COVID-19 tests.

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

- The provider had undertaken assessments prior to agreeing a new package of care in order to ensure they were able to meet the person's care needs. People and their relatives told us staff had been flexible to ensure needs could be effectively met. One relative told us, "They did a pre-assessment. Started off with just 9-12 in the morning but it was obvious that [person] wasn't managing. [So] we increased the care."
- Assessments included information on the prospective service user such as their allergies, mobility needs, environmental precautions, medical conditions, the level of support required and personal care needs.
- The registered manager told us they would only accept a new care package once they had the staff capacity and were able to match a person with a suitable member of staff. The registered manager told us all assessments were undertaken in person. This meant the provider was able to assure themselves of their ability to provide effective support.

Staff support: induction, training, skills and experience

- People using the service and their relatives told us they felt staff had the relevant skills and were competent in their role. One person told us, "Honestly, they're good at what they do."
- Staff had received induction training and were able to choose other training they were interested to complete. This helped staff deliver effective support. Staff had received regular supervisions to assess performance, support required and to discuss opportunities for progression. One member of staff told us, "[During supervisions] they keep on asking how it's going. [The registered manager asks,] 'Where do you see difficulty?'"
- New members of staff who had not previously worked in a health and social care setting were required to undertake the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were required to undertake regular training once they had completed their induction and we saw this had been done. Training required to be completed by staff included, fire extinguisher use, Health and Safety Awareness, Diabetes Awareness, Environmental Awareness, Dementia, Learning Disabilities and Autism.

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

- People told us they were supported to maintain a balanced diet. We saw from records that staff had undertaken training for food safety and nutrition and hydration. One person told us, "They help me with my meals when I ask."
- Where a person had food allergies, this was recorded in their care records along with information on the

steps to take in the event of an allergic reaction.

- We saw people were supported to use customised cutlery and crockery to help them maintain their independence and make it easier to eat and drink.

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

- People and their relatives told us staff supported them to access healthcare professionals when they needed this. One relative told us, "They're arranging for the OT to go in. I'm very impressed with what they are suggesting to do."
- People's care records showed healthcare professionals had been contacted appropriately on people's behalf and relevant information was shared with staff to effectively support people. For example, where a healthcare professional had advised an altered diet, this was clearly recorded for staff to take into account when offering food and drink.
- Staff told us they knew what to do should they note a concern that requires the attention of a healthcare professional. Staff told us they would inform the manager if this was a non-urgent issue and that they would contact healthcare professionals directly if there was an urgent issue. One member of staff told us, "When I find [person] on the floor. I would have to call the ambulance first. Then I have to report it to my line manager."

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.

- People told us they were asked for their consent prior to being supported. One person told us, "They help me to have a shower. They ask if I am ready."
- Staff had received training and we saw they had discussed the MCA during staff supervisions. One member of staff told us, "I did [MCA training] on the e-learning because of COVID. I always give [people] the choice."
- We reviewed 'spot checks' that the management team had undertaken. These included checking that carers were working within the principles of the MCA, such as offering people a choice of meals and asking people if they felt they were in control of the care service provided.
- Where a person lacked capacity to make complex decisions related to their care, this was clearly recorded in their care plan. We saw relatives had been involved in decisions and there were instructions for staff on which representative should be contacted if staff had concerns in relation to a person's capacity.

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 and their relatives told us staff were kind and caring. One person told us, "They're caring and patient." A relative told us, "They're all very nice as far as I'm concerned."
- Staff had received equality and diversity training in relation to the Equality Act 2010. We saw from supervision records that this was discussed and how to ensure people were able to receive a service that was respectful, effective and accessible.
- Staff told us they knew how to be inclusive and treat people with respect. One member of staff told us, "We have to be respectful at all times."
- Staff had supported people to fulfil their cultural and religious needs during visits. One person who used the service told us, "I have to give some PowerPoint lecture [for a church service] and [carer is] helping me do the animations."

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

- People and their relatives told us they felt involved in the planning of their care and were able to express their views in relation to care delivery. One person told us, "They cater to our needs." A relative told us, "They have discussed the care with me and with [person using service], which is good."
- We saw in care plans we reviewed that people had been involved in decisions relating to their care. For example, care plans detailed how a person was made comfortable in the evening according to their wishes. This meant staff were provided with the instructions in line with people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with respect and dignity by staff. One person told us, "They are always polite." One relative told us, "I know them very well and they are very respectful towards [person]."
- People told us staff encouraged and supported them to be as independent as possible. One person told us, "They ask if I am ready for it. The carer encourages me to do what I can." A relative told us, "I'm certain they help her to be independent."
- People were supported by the same carers where this was possible so that they could get to know people's preferences. One relative told us, "It's usually one of the two [carers]. [Person] knows them both." Another relative told us, "[Person who used the service] will say, 'Have you met my friends?' [when referring to carers]."
- Staff told us they knew what to do to protect people's privacy and confidentiality. A member of staff

described the way they would protect a person's privacy and dignity by closing curtains and using towels to protect the individual.

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 plans we reviewed were personalised with a social history and information about how best to support the individual. We saw care plans which included information on the individual's family background, hobbies, interests, dislikes and healthcare needs. One relative told us, "We agreed [and discussed how to support the individual] under the care plan and they would write it down."
- Where people were living with medical conditions, there were details on how the person wished to be supported. For example, where a person used an airflow mattress to reduce the risk of developing pressure areas, this clearly stated that the person was able to reposition themselves independently and what support was required to do this.
- Staff told us they knew people's needs and had time to read care plans prior to commencing care to people. Staff told us they would read care plans and would approach management if a care plan no longer reflected a person's needs. One member of staff told us, "I read the care plan for [person they supported]."

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.

- People's communication needs were recorded in care plans and there was information for staff to follow to support people to communicate. For example, sensory impairments and preferred methods of communication were recorded in care plans including details on which side of their body was affected.

Improving care quality in response to complaints or concerns

- Concerns and complaints were taken seriously by the provider and were seen as an opportunity to improve the quality of care delivered. People and their relatives told us they felt confident complaints would be addressed appropriately. One person told us, "They explained it to me. I understand why. They're quite good."
- When a complaint was received, we saw the registered manager had taken steps to investigate and respond to these. For example, where a complaint was received, the registered manager had undertaken a review with the person and agreed a plan forward. The registered manager then followed this up with the person to ensure they were happy with the outcome.

End of life care and support

- People's needs and preferences in relation to end of life care were reflected in their care plans. This included where they would like to spend their last days, who should be contacted, treatment preferences and the music they would like to listen to. One person told us, "We have written that up. [Staff] asked about it. There's a plan in place." A relative told us, "[Member of staff] did a very comprehensive talk with [person] the other day about end of life and what [person] would like."
- We reviewed records which showed staff had undertaken training in relation to end of life care and support. One member of staff told us, "We have done the end of life training as well."
- Where people required specialist equipment or medicines, staff had worked together with families and healthcare professionals to put these in place.

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

- People and their relatives were complimentary about the management of the service. One person told us, "They are managed well." A relative told us, "We were impressed with [registered manager]. I felt more reassured."
- Staff told us they felt they could approach the registered manager and were complimentary about the leadership of the service. One member of staff told us, "They believe in what they do." Another member of staff told us, "The team work is definitely there if you are having troubles."
- The registered manager told us they wanted to create an inclusive and open culture in the service that empowers individuals by ensuring staff were able to approach them with any issues they may encounter. This was reflected in the feedback we received from people, their relatives and staff.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had systems in place to inform the CQC of significant events including safeguarding concerns and serious incidents.
- Relatives told us they had been contacted when there had been an incident or when staff noted changes to a person's health. One relative told us, "As far as I know, they keep me informed."

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

- There was a clear governance structure in place and staff told us they knew their role and expectations. One member of staff told us, "I've got no problems. I can ask [registered manager] if I need anything like training."
- The registered manager had undertaken regular audits and 'spot checks' to monitor and improve the quality of care provided. This included areas such as dignity and respect, staff conduct, medication and care planning. Issues were resolved in a timely manner and spot checks included seeking feedback about the visit from the person who used the service.
- Where we highlighted minor areas for improvement, the registered manager immediately addressed these. For example, where we noted that electronic medication administration records (MARs) could be simplified, the registered manager immediately looked at ways they could do this by working with their

electronic MAR system provider.

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

- People and their relatives were given the opportunity to feed back on the service and told us that the registered manager was approachable. One person told us, "They ask how it's going." One relative told us, "They rang last Friday to discuss."
- Staff told us they felt valued and supported by the management of the service. One member of staff told us, "They're very supportive." Another member of staff told us, "Yes, I feel valued: they say, 'thank you very much.'"
- The registered manager had commissioned an independent mental health wellbeing support programme for staff. This was due to recent supervisions having highlighted that some staff felt stressed in relation to COVID-19 and the impact their work may have on their relatives. This showed that the registered manager listened to staff and looked at ways to improve wellbeing.

Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they felt confident that the service would take action if they suggested an area for improving care. One relative told us in response to suggestions they had made to the service manager, "I think they have tried their best."
- Where incidents and accidents had occurred, the provider looked at the wider picture to see if any other areas could be improved. For example, where a medicines error had been identified by the provider's medicines audits, they had discussed this with staff to look at ways to stop this from happening. We saw that no harm had come to the person and that the local authority was notified. As a result of the error, the provider increased the number of unannounced 'spot checks' and there had been no further recurrences since.
- The provider was part of several organisations which worked to support registered managers and gave them a forum to share areas of good practice that could be built upon. The organisations included the Skills for Care Registered manager network and Surrey Care Association.
- Where they were granted permission by the person who used the service, relatives had access to people's electronic care records in real-time. This meant they were able to see their loved ones' care plans and were able to make suggestions to improve the care provided.