

Mitchell & Cleary Ltd

# Your 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Your Care is a domiciliary care agency. The service provides personal care to people living in their own homes. At the time of our inspection there were 27 people using the service. Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People told us they were happy with the service provided by Your Care. However, we identified that although staff knew how best to support people, detailed guidance on how to support people with healthcare conditions was not always in place. We highlighted this to the registered manager, and this was implemented following our inspection.

People were supported by sufficient numbers of staff. The registered manager confirmed that there had never been a missed call, and when staffing shortages occurred, they completed care calls to ensure people's needs were met. When accidents and incidents occurred these were documented, and action was taken to ensure people had access to the healthcare support they needed.

Staff showed a good understanding of safeguarding, and supported people to take the medicines safely. All the people and relatives we spoke with told us staff wore appropriate personal protective equipment (PPE) when supporting them.

People were supported by a staff team who knew people well and had received the training and support to care for them. People were supported to maintain a balanced diet, and to access external healthcare support to ensure they remained as healthy as possible. This included GPs, district nurses and community mental health nurses.

People told us they were treated with kindness and compassion. People and their relatives gave positive feedback on the service Your Care provided. Staff encouraged people to be independent, to do what they were able to for themselves, and supported them to ensure they were at the centre of the care provided.

People were provided with personalised care to meet their needs. This included adapting communication systems with each individual and supporting people to access information in a way that was meaningful to them. People told us they were happy with the care provided and knew how to raise concerns if and when they needed to.

There were systems and processes in place to review and improve the quality of the service. People and staff told us there was a positive culture within the service. Staff worked with external agencies to ensure people received the care and support they needed.

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 registered manager told us they would ensure they could meet the underpinning principles of Right support, right care, right culture should they provide care to an autistic person or someone with a learning disability.

Right support:

Model of care and setting maximised people's choice, control and independence;

People told us they were actively involved in their care, and were encouraged to be as independent as possible.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights;

Care was person centred and focused on upholding people's human rights. Staff told us the importance of ensuring people had privacy and were treated with dignity.

Right culture:

Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives;

There was a positive culture within the service, which empowered people to live the best lives possible. Staff had demonstrated the values of the service, when concerns were raised, and were confident in the registered manager dealing with all issues in a proactive way.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected

We registered this service on 17 January 2020 and this was the first inspection.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Your 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 carried out by two inspectors.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 26 May 2022 and ended on 6 June 2022. We visited the location's office location on 26 May 2022 and 6 June 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service. We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

During the inspection we spoke with one person that uses the service and five relatives about their experience of the care provided. We spoke with the registered manager, the deputy manager, care manager and eight staff members. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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. We have rated this key question good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People told us they were supported well by staff who understood how best to support them. However, detailed guidance to inform them on how to support people with specific health conditions was not always in place. For example, there was no risk assessment to inform staff what to do if they had concerns about a person's catheter. A catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag. After the inspection the registered manager sent us confirmation this guidance was put into place.
- Staff we spoke with understood risks relating to people's individual health care conditions and had taken action when concerns were identified. For example, one person told us that they began to get sore skin from transferring. Staff reported this to the office, and new measures were put in place to support the person to transfer safely, and cream to reduce redness was ordered for the person.
- There were risk assessments in place to ensure people's home environments were safe for them and staff.

### Learning lessons when things go wrong

- Accidents and incidents were documented by staff and reported to the registered manager. When incidents occurred, the staff and the registered manager ensured action was taken to prevent the incident from re-occurring.
- The registered manager completed regular audits on accidents and incidents to look for patterns and trends. For example, after a person fell, staff referred the person to their GP and to the occupational therapist for further support.

### Staffing and recruitment

- People were supported by sufficient numbers of staff. The registered manager was able to demonstrate that they had not missed one call since starting the service. A relative told us, "Staff always arrive promptly and stay the full call."
- People and their relatives told us that staff mostly arrived on time and contacted them to inform them if staff would be running late. People told us that staff stayed for the allocated time, sometimes longer if the person needed more support.
- Staff were recruited safely. Before staff worked with people, checks were completed to ensure staff were of good character. These included checking staff's work history and completing Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were managed safely. People told us staff supported them to take their medicines safely. One

person told us, "They always give me my medicines on time and as prescribed unless the doctor has indicated a medicine has been stopped."

- When concerns were identified by staff around redness to people's skin this was acted on, and prescription creams ordered. A relative told us, "They look and observe, they are on the ball, they put creams on [person] to maintain her skin."
- The care manager completed checks on medicines administration, which was audited by the registered manager. A relative told us, "Someone else come from the agency and does a regular count of meds each month and asks about care."

Systems and processes to safeguard people from the risk from abuse

- People and their relatives told us they felt safe being supported by Your Care.
- Staff we spoke with understood their responsibilities in relation to identifying and reporting abuse and had received training in safeguarding.
- When safeguarding issues were identified, the registered manager worked with the local authority to make investigate and make improvements.

Preventing and controlling infection

- Staff had received training in infection prevention and control. People we spoke with told us staff always wore and disposed of their personal protective equipment (PPE) accordingly.
- Spot checks were completed on staff to ensure they wore and disposed of their PPE in line with guidance. There were sufficient volumes of PPE available for staff at the office to collect as and when needed.
- Staff completed regular testing for COVID-19 in line with government guidance.

# 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 of this newly registered service. We have rated this key question 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 and their relatives told us that before Your Care provided care to them, an assessment was completed that reviewed their needs to ensure the service could meet them.
- The assessment completed by staff considered people's protected characteristics including any religious needs. For example, one person liked to be 'cleansed' in the shower as part of their religious beliefs. This had been recorded in the person's assessment.
- People's needs were regularly reviewed. The care manager completed regular assessments with people both in person and via phone. When people asked for things to be changed this was communicated with staff. Staff told us, "We are kept 100% informed, I'm always checking the phone to see if there are any updates I need to be aware of."

Staff support, training, skills and experience

- People told us staff knew how to support them. One person told us, "I find them very very good." A relative told us, "I think their training is very good."
- People told us that new staff were introduced to them and shadowed experienced staff before supporting people with their needs. They told us staff were well trained, one person told us, "I feel staff are well trained they spot things, they say to increase fluids if not going to the toilet very much, they always advise us to get the doctor when we need to."
- Staff training was up to date, and staff had regular supervisions with managers to discuss any concerns or feedback. Each week staff received a wellbeing call from the office to check how they were, and if they needed any support.

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

- Not everyone supported by Your Care was commissioned to receive support to maintain a balanced diet. Where people did, they were positive about the support they received.
- People told us that they were encouraged to maintain their fluids by staff who reminded them to drink more during warm periods, or if their urine was dark.
- Some people had quite specific needs around fluids and meals, these were detailed on care plans and known by staff.

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

- People and their relatives told us they were well supported with their health care conditions. One person told us, "Staff understand what I need they are keeping an eye on [my healthcare condition.]"

- The registered manager told us, "What I love about the team is that they are on it. They called this morning to say they noticed redness on a person's skin, we were straight onto the district nurse they have been out, and we have a prescription we are waiting on."
- People were supported to be as healthy as possible. People told us staff encouraged and supported them to get up and move from the bed to the chair for example. People told us they felt this helped them keep their mobility and enabled them to stay at home, where they wanted to be cared for.
- People were supported to ensure their oral hygiene needs were met. Care plans reminded people of the support they needed with oral care. Where possible people were encouraged to be as independent as possible with their oral care, with staff prompting or reminding them.

#### 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.

- Staff had good understanding of the MCA and how to apply it. People told us that consent was sought. One person told us, "I am able to make my own decisions and tell staff what I want." A relative told us their loved one was, "Very independent, whatever they want is what staff do."
- Staff had received training in mental capacity. When issues around capacity were raised, the registered manager had been involved in discussions with care managers and family to ensure the best outcome was reached for the person.

# 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 of this newly registered service. We have rated this key question 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 towards them. One relative told us, "Staff are pretty caring-it's more than a job," a person told us, "I have a good rapport with staff," and "Staff are lovely, each and every one of them, they are polite."
- Relatives told us staff were kind and compassionate with their loved one, and knew how to support them in the best way. They told us, "They are gentle with [them] there's nothing I can think of that they can improve on."
- People and their relatives told us staff were friendly and caring towards them. One relative told us, "Staff are jolly with her, they greet her, ask how her morning has been, chat to her."

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

- People told us they were able to express their views. People were contacted regularly to check they were happy with the care they received. One person told us, "I feel listened to all the staff are nice to talk with."
- People told us sometimes they were not feeling up to having support with their personal care, but that the service were 'really good' about this, and postponed care calls.
- People and their relatives told us staff go out of their way to discuss things that would be of interest to them and their loved one. A relative told us, "We have quite a bit of trust in most of them, staff come and have a chat and talk about local things."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff supported them to be as independent as possible. One relative told us, "[loved one] can't do much for herself but the other day out of the blue suddenly said she wanted to wash herself, so the carer gave her a flannel." Another relative told us, "They encourage her to do things, ask her if she wants to do things for herself, staff put toothpaste on their toothbrush and give her the brush to do her own teeth."
- People and their relatives told us staff respected their privacy and dignity. People told us that staff ensured curtains were shut when supporting people with personal care. Care plans reminded staff to ensure people were covered when people were supported with personal care.

# 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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- People and their relatives told us they received person centred care specific to their needs. Staff we spoke with knew people well and were able to describe different ways they supported each individual.
- Staff ensured information was shared within the staff team, so all staff were up to date with any changes in people's care. One person told us, "If staff are not coming the next day, they make sure that staff who are coming next know what's going on."
- Staff used an electronic care system to document the support they provided. This was specific to people's needs and alerted the office staff to any concerns, late calls or missed medicines.

### 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.

- Some people needed additional support to be able to communicate with staff. For example, when people had visual impairments, increased their communication with them, describing everything staff were supporting with to ensure the person was aware and consenting.
- The registered manager told us they had not had to adapt any paperwork for people using the service but would provide care plans to people in large font in needed for example. Previously the registered manager had provided communication cards to people using the service to improve the communication with them and staff.

### Improving care quality in response to complaints or concerns

- Complaints had been documented and responded to approximately. There was a complaints policy in place and people were regularly given the opportunity to feedback about their care.
- People and their loved ones told us they knew how to complain, one person told us they had raised a complaint and were happy with the outcome of the complaint. Others told us they had not had to raise any concerns.
- The registered manager had recorded a number of compliments received to the service. These included; 'Just a small thing to say thank you for looking after [person] so well,' and 'Thank you to all the carers who looked after [person] for four months. He always enjoyed his bit of banter with them all. Their help was very much appreciated,' and 'Thank you so much for the care and kindness you gave to my mum it means so much. Mum thought a lot of you all.'

## End of life care and support

- Feedback from relatives and loved ones showed people received the support they needed at the end of their lives. A relative said, 'He looked forward each day to your visits, you made him smile. We wouldn't have been able to keep him at home for as long as we did if it hadn't been for your care and kindness to him.'
- People's wishes for the end of their lives were documented where people wanted to discuss them.
- Staff were offered emotional and professional help following deaths of people who used the service. Staff completed training in supporting people at the end of their lives to ensure people had a dignified death.

# 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 of this newly registered service. We have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Care plans did not always have the level of detail needed to inform staff on how best to support people. Staff we spoke with understood risks to people, however guidance did not inform them who to escalate concerns regarding specific healthcare concerns to for example. Guidance also was not clear on what staff responsibilities were, and what other healthcare professionals did for the person. We discussed this with the registered manager, and they reviewed and updated the relevant care plans following our inspection.
- The registered manager carried out a range of checks and audits on the service to improve the care provided. These included checks on medicines administration, incidents and accidents and health and safety checks. Following our inspection, the registered manager implemented a check of all care plans to ensure they had the detail required to inform staff how to carry out their roles.
- The registered manager understood their regulatory responsibilities. The registered manager had notified the Care Quality Commission (CQC) of notifiable incidents.
- The registered manager had commissioned a review of the service in order to learn, develop and improve the service. Areas for improvement highlighted in the review had been implemented, for example logging evidence of the support provided and amending feedback questionnaires to people to include open questions to obtain richer feedback.

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

- The registered manager had a clear vision for the service, which was based around people. They told us, "I always tell people this is their stage, and they make all the decisions about what they want."
- People told us staff promoted a positive culture that was person centred. Some people had been able to improve their mobility with the support from staff, and people were empowered to do as much for themselves as possible.
- Feedback about staff and the service was positive, a healthcare professional had fed back, 'The care and compassion demonstrated by the registered manager and their team, in my opinion is outstanding.'

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 duty of candour requires providers to be open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the registered manager had been open and honest, and understood their responsibility to

comply with the duty of candour.

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

- People and their relatives told us they were happy with the service provided. One relative told us, "I can't think of anything they need to improve, currently everyone coming is pretty good, if things change, I would talk to the manager about it." A person told us, "The manager is lovely. I think they do everything well really, no improvement needed, they always ask me "is there anything else we can do for you?"
- People and relatives told us they felt involved and were kept up to date with information. One relative told us, "Management keeps us informed they give advice and guidance."
- Staff told us they were involved and engaged in the service. One staff told us, "I feel supported, never worked for a company that is so supportive," and, "I feel valued by the manager, the manager always says thank you and we were given pay rise recently."

Working in partnership with others

- Staff and the registered manager worked closely with other professionals to provide joined up working. Staff contacted professionals such as the GP on behalf of people and liaised with the community mental health team.
- Feedback obtained by the registered manager from healthcare professionals included; 'We receive very good feedback from families whose loved ones have Your care,' and, 'They truly deliver exceptional care, have exceptional communication skills and always 100% on top of things.'
- Staff and the registered manager were an active part of the local community. For example, during the COVID-19 pandemic they helped a local school to set up a testing regime to reduce the spread of COVID-19.