

YoD Ltd

YoD Care Services (Oxfordshire)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

YoD Care Services are a domiciliary care service providing personal care. The service provides support to older people in their own homes in Oxfordshire. At the time of our inspection there were 58 people using the service.

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

People were protected from abuse and harm. Staff demonstrated they knew how to report any concerns relating to people's safety and the service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were sufficient staff deployed to keep people safe and meet their needs. The service aimed to ensure only suitable staff were selected to work with vulnerable people, and checks were carried out to allow safe recruitment decisions to be made.

People received their medicine as prescribed, and we saw medicines were managed appropriately and records were accurate and up to date and monitored electronically. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People, relatives and staff spoke positively of the management; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the registered manager. There were effective systems to monitor, maintain and improve the quality of the service. Policies were in place, relevant and up to date.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection.

The last rating for this service was requires improvement (Published 10 May 2022).

Why we inspected

We carried out an announced inspection of this service on 7 April 2022. Breaches of legal requirements relating to good governance were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to Good based on the findings of this 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?

Good ●

The service was safe

Details are in our Safe findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

YoD Care Services (Oxfordshire)

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 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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

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 8 June 2023 and ended on 12 June 2023. We visited the location's office on 8

June 2023.

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 and professionals who work with the service. 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. In addition, we referred to the last inspection report and the action plan we received from the provider and used all this information to plan our inspection.

During the inspection

During the inspection we looked at the care records for six people. We also looked at 4 staff files and other records relating to the management of the service. We spoke with 4 people, 5 relatives and the registered manager. In addition, we spoke with the Local Authority to obtain their views on the service.

After the inspection

Following the inspection, we continued to seek clarification from the provider to validate evidence found. We also contacted 12 staff by email to obtain their views and knowledge about the service.

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 requires improvement. At this inspection the rating for this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe. One person said, "Absolutely safe, I receive very good care." A relative told us, "Safe yes, if there is a problem, they [staff] tend to give me a call, keep me in the loop. We have had no problems."
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "Well, if ever I felt a client [person] is being abused, I will try and speak to the client about it and immediately report it to my line manager in order for it to be attended to."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us they would record and investigate all concerns and work with the local authorities.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. Risk assessments contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment. For example, 1 person was at risk of developing pressure damage. The risk assessment guided staff to monitor the person's skin and apply prescribed creams. A body map was used to ensure the cream was applied to the correct areas. This person did not have a pressure ulcer.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by staff who understood their needs and could respond swiftly as and when their needs and risks changed. One staff member told us, "Risk assessments have really facilitated my work in Yod Care Service, it has made it very easy for me to assess whatever risk will come out of any activity I undergo. The care plan is very clear and precise as possible."

Staffing and recruitment

- People and their relatives told us staff were mostly punctual, but they did not always see the same staff. One person said, "I don't know who will be coming the next day." Support visits were monitored electronically.
- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. One member of staff told us, "We have enough staff, and I have enough time between care visits."

Using medicines safely

- People received their medicines as prescribed. One relative told us, "Yes, that's ok. His [person's] tablets are on the table in the kitchen. They have it on record what he takes. They put it in a glass and tip it into his

hand. They make sure he has taken them."

- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice.
- Medicine records were electronically monitored, accurate, consistently maintained and up to date.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely.
- People and their relatives told us staff wore PPE.
- One person spoke with us about PPE. They said, "They [staff] are very methodical at changing gloves and their personal hygiene."

Learning lessons when things go wrong

- There was a system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and reflective meetings were held to learn from incidents.
- The management team were open and honest when things went wrong and promoted a learning culture within the service. For example, any incidents, mistakes or complaints were discussed at team meetings to share learning and look for any patterns or trends.

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 requires improvement. At this inspection the rating for this key question has improved 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

- Following our inspection on 7 April 2022 the registered manager submitted an action plan stating how they would improve the service to meet the regulatory requirements. At this inspection on 8 June 2023, we found the actions had been completed and had been effective in ensuring the service met the regulations.
- There were systems in place to monitor the quality and performance of the service. Action plans were created and used to improve the service. For example, any anomalies identified in the recording of medicines' were investigated and action taken to rectify any errors and support staff to improve their practice.
- A range of policies were in place to support the registered manager and staff to operate effectively and keep people safe. The policies were relevant, regularly reviewed and up to date.
- The provider had an effective system in place to ensure staff received training in line with the training policy. The training matrix identified staff had received the required training and we saw planned training had been highlighted. This ensured staff received appropriate training to carry out their roles.

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

- People and their relatives told us the service was well-led. People's comments included; "It's ok, it runs like a machine really", "I would say it's managed just fine" and "They [management] are caring, they present themselves extraordinarily well. They are polite, courteous and have the person in mind. They are all very nice people."
- The registered manager engaged with the inspection in a positive way and reflected on how they were managing the service and improvements they wanted to make.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.

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 was responsive to issues and concerns. We saw completed investigations and staff understood their responsibility to be open and honest if things went wrong.
- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an

apology when things go wrong.

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

- People and their relatives were encouraged to express their opinions via the telephone or during visits. Surveys had been conducted in the past and we saw future surveys were planned. One person told us, "They do that [seek my opinion] yes. Both written and by a phone call. I haven't felt the need to raise anything."
- Staff had a clear understanding of their roles, and their day-to-day work was steered by the people they supported. Staff had opportunities to develop their skills to ensure provision of better quality of care.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up-to-date professional guidance.
- The registered manager was a member of the Oxfordshire Association of Care Providers (OACP). They told us this was a source of, "Support and guidance across the area".