

You Before Me Care Limited

You Before Me Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

You Before Me Care is a domiciliary care agency providing personal care to younger and older people, people with a physical disability and people with dementia living in their own homes. At the time of inspection, the service was supporting 21 people.

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

Staff were not always recruited safely following the legal requirements and with the correct paperwork in place.

Systems and processes for management and quality monitoring needed improvement to support the effective running of the service. Medicines were monitored effectively although there was some improvement needed in the responsibility for providing support.

People were generally happy with the service provided and gave positive feedback. People said staff were kind and caring, respected their privacy and dignity and felt safe with them. They would recommend the service to others. Positive comments were made about the visibility, caring, and professionalism of the registered manager.

Risks to people's health and wellbeing were assessed and adequately recorded in their care plans in order to understand and mitigate those risks. Staff knew how to safeguard people from harm. Infection prevention and control procedures were in place in line with government guidance.

Staff received all the necessary training to support them in their role. Checks on staff members competency were undertaken. Supervision and support systems were in place for staff and they felt supported by the registered manager. People's end of life care arrangements had been discussed as part of their assessment.

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. People's capacity was adequately assessed and recorded to ensure their rights were protected.

People's oral health care and communication needs were recorded. Where required, people received help with eating and drinking which met their needs and preferences. The provider logged and responded to complaints. People's feedback about their care was sought through reviews and checks and they felt included in their care arrangements.

The registered manager was open and accessible and communicated with people well. They provided 'hands-on' care and support and worked with health and social care professionals making referrals when needed.

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

This service was registered with us on 14 May 2018 as Flamelilly Care Office and changed their name to You Before Me Care which was registered with us on 15 November 2019 and this is the first inspection.

The last rating for the service under the previous provider Flamelilly Care Office at the same premises was Good, published on 29 August 2019.

Why we inspected

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

We have identified a breach in relation to Regulation 19 fit and proper persons at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always 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 ●

You Before Me 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 one inspector 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 we needed information from the service before the inspection and that the registered manager would be able to meet with us.

Inspection activity started on 1 August 2022 and ended on 30 August 2022. We visited the location's office on 4 August 2022.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service. This included details

about incidents the provider must let us know about, and we sought feedback from the local authority and other professionals involved with the service.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection we spoke with the registered manager and two members of care staff. We contacted three people and seven relatives by telephone to ask for their feedback. We looked at two people's care records including their medicine records and daily notes. We looked at two staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments and quality audits.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- A recruitment process was in place for the employment of staff. However, the provider had not followed the requirements in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to employ people safely.
- The recruitment records were disorganised both on paper and on the computer systems as the registered manager explained they had changed company name and all their old files were still in that system.
- In the application forms we looked at, we found gaps in the employment history of staff which had not been explained or recorded.
- References had not been taken up for all staff members employed. The registered manager explained that as they employed family members, taking up references had not been necessary. The registered manager was not aware this was a legal requirement. The provider had taken up references for one person employed who was not a family member.
- The provider had not identified how employing family member could be a potential conflict of interest. They told us that they had access to employment law advice and a lawyer if there was a conflict of interest issue.

Recruitment processes were not in place to employ people safely. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Identification to verify address and a photo had been obtained.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service. A person said, "There is a sense of security." Another told us, "Staff make us feel very good." A family member said, "My [relative] uses the oxygen machine and the company are aware of how the machine is used because when they did an assessment the owner took notes and photos of each appliance."
- Risks to people had been assessed and recorded in their care plans. These included mobility and falls, medicines, skin care, eating and drinking and moving and handling. Risks within their home environment had been assessed and guidance was available to staff on how to support people safely. Any changes to people's needs was shared with staff and people's care records updated.
- We received mixed feedback from people and family members telling us about late calls. Comments

included, "Usually they come at 8am but we have to phone up when they are late." And, "Times vary, and one concern is they turn up quite late." Some people were positive about the flexibility of the times they had including, "Staff do a lot for us, are so accommodating. We have a lot of leeway with them."

- Rotas were organised and covered by staff for the month. There was mixed feedback from people and family members about the consistency of staff visiting them. One person told us, "The only problem is finding the same staff available." A family member said, "Lately we have a lot of people coming to help regularly. The presence of a small circle is dealt with well." On review of the rotas we did note that calls were covered by different people in one day which would account for people's views about inconsistency.
- An electronic monitoring system had been implemented and the registered manager was getting used to using it for monitoring the quality and safety of the service. One purpose of the system was to monitor if people were receiving their care calls in a timely way. The registered manager told us that people had received some late calls recently due to staffing and travel issues but that they were looking into how to reduce this and ensure staff got to their calls within the hour time frame allowed. No-one had been harmed as a result of a late call

Using medicines safely

- People's medicines were recorded in their care plan and any support required to take them. However, the information about staff members responsibility to give medicines was confusing. For example, the service to be provided for one person said, "Care staff should monitor the medicines to see if [person] is being given in time." It goes on to say in the same paragraph, "[Relative] manages and administers all medicines and collects all medicines." It is unclear what responsibility the staff member had if all medicines were managed and administered by the relative.
- We discussed this with the registered manager. They agreed to review all care plans and record clearly who had responsibility for administering and managing people's medicines.
- Staff members had completed training in administering medicines to people. They had been checked for their competency to give people their medicines safely. One family member told us, "Staff get medicines out of a Dossett box and extras out of the packet if needed, this is documented and counted daily as to how many she's got left. Staff generally supervise to make sure [relative] takes all her tablets correctly."
- Staff completed the medicine administration records (MAR) which were electronic and signed when they gave people their medicines. In the MAR charts we saw there were no gaps and showed people had received their medicines as prescribed.
- Monthly audits of medicines were completed by the registered manager to check people were receiving their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had undertaken investigations into safeguard concerns raised and had provided a report of their finding and actions taken.
- Staff had been trained in safeguarding, knew the signs to look for that people might be at risk of harm and how to report concerns. They were confident the registered manager would deal with it appropriately.

Preventing and controlling infection

- Staff received training in infection control and had access to personal protective equipment (PPE) such as masks, gloves and aprons to prevent the spread of infection.
- People told us that staff wore gloves and aprons and PPE was used effectively and safely, for example, when giving personal care or preparing food. Comments included, "Staff always wear masks, aprons and gloves." And, "Gloves, aprons and masks are placed in the bin, staff are quite tidy."
- The provider's infection prevention and control policy was not up to date at the time of the inspection but was being reviewed and amended with relevant current guidance.

Learning lessons when things go wrong

- The registered manager used accidents and incidents, safeguarding concerns and complaints as opportunities for learning, improving practice and minimising the risk of re-occurrence. For example, they had changed the way they were accounting for people's medicines to ensure staff were clear on their responsibility and people were safe.

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 registered manager completed an assessment with people, which covered all aspects of the support required and their circumstances. This ensured staff had enough information to meet people's needs in the way they wanted. One family member said, "My [relative's] initial assessment was good. You Before Me asked me what we'd like to have done. They're like a breath of fresh air."
- As part of the assessment, some people's protected characteristics under the Equalities Act 2010 had been discussed and recorded such as religion and culture. However, some aspects were not included in the assessment, such as age, disability, gender, ethnicity and sexual orientation. The registered manager agreed to look at good practice guidance and incorporate this discussion during the assessment process.

Staff support: induction, training, skills and experience

- People told us staff had the skills and experience to provide effective support.
- New staff received an induction to the service, to their role and shadowed the registered manager and other experienced staff to get to know people and their care arrangements.
- Staff were provided with training which was a mixture of online E-learning and classroom-based training for the practical aspects such as first aid and moving and positioning. All training was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles within the health and social care sectors.
- Staff told us training was effective. A staff member said, "There was good training provided. I liked going out with [staff member] as then I got to know people."
- Spot checks of staff were completed to monitor staff performance and competence.
- Staff received regular support and supervision to support them in their job role and identify any learning needs. A staff member said, "Supervision is okay, both listening and telling me what I need to do. Honest discussion helps me move forwards."

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

- If required, staff supported people to have access to food and drink that met their needs and preferences.
- People's food and drink preferences were recorded, and staff knew people's likes and dislikes.
- Staff were trained in food hygiene and nutrition and wore gloves when handling food.

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

- People's care plans held information on their health needs so that staff had guidance on how to support

people to stay well. When required, staff supported people to attend hospital or other visits.

- The service worked with health professionals such as occupational therapists, GP's, pharmacists and other agencies where required. They worked in tandem providing extra support for people who had live in care from other agencies. One family member told us, "We have another company here for a 12-hour shift at a time. You Before Me come twice a day just to help stand my [relative] up."

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's ability and capacity to make decisions for themselves had been discussed with them and their representatives. This had been recorded in their care plans so that staff were aware of how to support them to make everyday decisions about their care, have control over their life and remain as independent as possible.
- Staff had received training in the MCA and understood the importance of asking for people's permission before providing care and support. A family member told us, "[Relative] can communicate with staff and say what they need, then staff do adhere to it."

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 told us they were very happy with their care and support and would recommend the service to others. A family member said, "You Before Me are incredibly helpful to us and our health problems take a lot of time and energy to accomplish. They always have a smile and knowing they come into support us well is all we need to be happy."
- Staff were considerate, kind and caring. One person told us, "[Name of staff member] is very caring and conscientious, very good at fitting in and skilful. The registered manager seems to understand us very well too." A family member said, "Staff make us feel very good, are really kind and caring, very aware of my [relative's] situation and gentle with them." Another said, "Staff are caring and gentle and they know when to stop and give my [relative] a breather. We always look forward to them coming."

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

- Staff took the time to chat to people and get to know them. A family member told us, "They [staff] take stress off my shoulders." Another said, "As far as quality of care goes its very good. You Before Me try to meet all that we want and let me know if they can't be here. I think this company is very good and experienced."
- People told us they felt listened to and care was provided how they wanted. A family member said, "I can honestly say [relative] has got their confidence back; staff listen and [relative] is a talker, they like communication with people all the time." Another said, "We always look forward to them coming as staff have a good sense of humour."
- People's sensory and communication needs were identified with guidance for staff to make sure people were supported to express their views and be involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. A family member said, "Staff come in and shower my [relative] and are respectful and treat them in such a nice way." Another said, "Staff wear appropriate clothing, tidy up after themselves and help the other staff from the agency with anything if they're able to. Very nice and respectful."
- Staff spoke about people in a respectful way. Comments included, "I have no issue or concerns with any of the people I see, I respect them and enjoy seeing them." And, "I really enjoy my work, some lovely people I see, good to be with them."
- Staff knew how to protect people's privacy and dignity. A staff member told us of how making small differences really helps people. "One person I go to, could not have a shower for two weeks. When they were able to have one, I helped them wash and washed their hair and they were very happy indeed to feel clean and fresh and themselves again."

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

- People and their families were involved in planning their care and support and how they would like it to be provided.
- People were not asked during the assessment process their preference for the gender of staff member to provide their care. The registered manager said they would try to accommodate this but could not guarantee it. A person said, "I have a mixture of male and female staff, I was not asked about what I wanted but it's okay." A family member told us, "Male and female staff come to support [relative]. At first [relative] was quite nervous and would get a female to do the shower. As [relative] has got to know the males now, she doesn't mind."
- The registered manager sent us the rota for July and August 2022. We noted there were several dates when two male staff members were rostered on visits together which did not give the opportunity for care to be given by a female staff member if required. We raised this with the registered manager who agreed to include this as part of the assessment process.
- Care plans were personalised and included information on people's physical, mental health, oral health and sensory needs. Tasks to be undertaken, times of calls and most preferences were recorded. This information helped staff provide care and support to people the way they liked it.
- Records showed, and people confirmed that care plans were reviewed regularly to ensure they were up to date. A family member said, "I have good communication with the manager which is fine. They quite often visit and see if [relative] is happy and make sure everything is alright." Another said, "Any major concerns I ring the manager directly and they generally answer my enquiries straightaway."

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 (AIS). The AIS 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.

- The registered manager was aware of the AIS and had implemented it into their assessment process.
- People's communication needs had been assessed so staff would know how to support them.
- Information could be provided in different formats such as large print, to support people's understanding, if required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people were provided with information on how to make a

complaint.

- People told us they knew how to make a complaint and would feel confident to raise concerns. A person said, "I haven't got a concern or complaint with the care received. Staff do a lot for us." A family member said, "The manager comes once a month and I feel I can telephone them and discuss anything."
- Where concerns had previously been raised, the registered manager had responded to them and taken action to improve the service as a result.

End of life care and support

- People's wishes regarding their end of life care had been discussed with them and any arrangements recorded.
- People had been supported at the end of their life. Family members had shown their appreciation for the support provided through reviews on their website. Comments included, "My heartfelt gratitude to the lovely staff that looked after my [relative]; they were very caring and lovely people." And, "There are not enough words to describe how wonderful the experience has been with you providing our [relative's] end of life care. Thank you for everything and for being there when the going got tough."
- Staff were trained in end of life care. The registered manager was a qualified nurse as were some of the other staff and told us they would be able to support people if they wished to end their life at home.
- No-one using the service was being supported with end of life or palliative care needs at the time of the inspection.

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 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

- The registered manager was not always clear about their role and responsibilities. For example, ensuring the legal requirements and paperwork for the employment of all staff working in the service was correctly completed.
- Systems and processes were in place to monitor the safety and quality of the service. This included medicine audits, checking people's care records and daily notes and monitoring of staff performance through observations and spot checks. However, improvement was needed in the monitoring and reduction of late calls and the oversight of recruitment records.
- Services that provide health and social care to people are required by law to inform the Care Quality Commission (CQC) of important events that happen in the service so that CQC can check that appropriate action has been taken. The registered manager had not fully understood their legal obligations such as providing statutory notifications of events or concerns and was reminded of this requirement, which they acted upon.

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

- The registered manager promoted a person-centred approach to care. They were open and inclusive in ensuring people and their family members got good outcomes from using the service. A family member said, "The manager comes to do the rounds and check on us every so often, to see if everything's going well and meets our needs."
- People knew who the registered manager was and were positive about how the service was run. A person told us, "[Name of registered manager] is very open and straightforward with situations." A person told us, "I am in touch with the manager, she's very good at communicating and she comes at a decent time when she works in the community." A staff member also said, "The manager is very supportive and caring, it's a good company to work for."
- The registered manager took a hands-on approach, providing cover for staff absence when required and delivering care and support to people. This 'hands-on' approach meant the registered manager was able to monitor and assess staff performance by working alongside them.

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 understood their responsibilities under 'duty of candour' to be open and honest

when things went wrong and investigating incidents and sharing any learning from mistakes. We saw that learning had been shared in supervision with staff members.

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

- The service engaged with people to ensure they were involved in the service. Telephone calls, home visits and the opportunity to provide their views on the homecare.co.uk website were used to obtain people's feedback. Any feedback provided was used to improve the service.
- Staff were also included in the development of the service as were invited to weekly meetings to do training and discuss service delivery and quality.

Continuous learning and improving care; Working in partnership with others

- The registered manager was being proactive in putting place systems to improve the service. This included the installation of the electronic monitoring system to support the management of the service. Once this is embedded, the registered manager told us late calls, preference for gender of staff members, and the recruitment of staff would be recorded and monitored effectively to improve the overall quality of care and support.
- The registered manager was aware of some resources to increase their knowledge and skills. However, they needed to look at further resources in order to keep up to date with legal requirements and good practice guidance.
- The service worked in partnership with health and social care professionals and the Integrated Care Board (previously known as the Clinical Commissioning Group).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively to ensure the safety of persons employed.