

Yes Care Limited

Yes Care Limited

Inspection report

Allied Sanif House
412 Greenford Road
Greenford
UB6 9AH

Tel: 02080046333
Website: www.yescare.co.uk

Date of inspection visit:
09 January 2023

Date of publication:
25 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Yes Care Limited is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection one person was using the service.

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

The provider had quality monitoring processes in place to help monitor and improve service delivery. However, these were not always effective as they had not identified the areas where improvements were required which we identified during the inspection.

We made recommendations that the provider consider national guidance for best practice regarding the principles of the Mental Capacity Act (2004) around consent to care and that they consider current guidance on administering medicines and act to update their practice.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider assessed risks to people's safety and wellbeing. Staff received training and supervision and the provider undertook spot checks to help ensure best practice was followed.

The person was supported by the same staff which provided consistency.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 October 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to good governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Yes Care Limited

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 conducted 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were not present during the inspection.

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 6 January 2023 and ended on 16 February 2023. We visited the location's office on 9 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the action plan the provider sent to us following the previous inspection saying what they would do and by when to improve. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with the nominated individual and we reviewed a range of records. This included the records of the person using the service and 4 staff records. A variety of records relating to the management of the service, including audits were also reviewed. As part of the inspection we contacted the person's relatives, 3 staff and a healthcare professional to get feedback of their experience of the service. A relative, one staff member and a healthcare professional responded back to us.

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 has remained 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.

Using medicines safely

During the December 2019 inspection we identified a failure to ensure the staff were trained and competent to administer medicines. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection we were not able to make a judgement about whether improvements had been made because the provider told us they were no longer administering medicines to the person as this was always undertaken by a family member. At this inspection there was evidence staff were administering medicines.

We found some improvement had been made and the provider was no longer in breach of Regulation 12.

- The guidelines for managing people's medicines were not always clear. The medicines risk assessment recorded, '[Person] MUST always be offered a drink when taking oral medication'. However, the person could not take their medicines orally which meant the guidance was incorrect.
- Also, although the person did not receive anticoagulants, the risk assessment directed staff to note where anticoagulants were prescribed. The above points indicated the medicines risk assessment was not tailored to meet the person's individual needs.
- The person was prescribed 3 as required (PRN) medicines. During the inspection the provider was not able to show us there were protocols in place for when to administer these medicines. However, the provider has since sent us the PRN protocols.
- The person used prescription creams but the administration of these was not recorded on the MARs in detail and therefore we were not assured these were being administered as prescribed.

We recommend the provider consider current guidance on administering medicines and act to update their practice.

- After the inspection the provider sent us the medicines policy and procedures which included general guidelines for the administration of PRN medicines and a blank template for individual PRN administration.
- The nominated individual confirmed both the family and care staff supported the person with medicines. Staff completed a medicines administration record (MAR) after they administered medicines. The family also signed the MARs so it was clear who had administered the medicines.
- The provider completed a single monthly audit for the person which included an audit of the MARs.
- Staff completed medicines training and medicines competency testing to help ensure the safe

administration of medicines.

Assessing risk, safety monitoring and management

- Overall the provider had arrangements to manage risks, and provide adequate guidelines for care workers to meet the person's needs and reduce the risk of harm. However, we found one person required a specific procedure to clear their airway so they could breathe more easily. The choking risk assessment for the person indicated staff should be trained in carrying out this procedure and provided information around when to use suctioning. However, it lacked details about how to carry out this procedure safely.
- Other care records indicated the provider did have appropriate risk assessments relating to other aspects of the service provision such as the environment, lone working and the person's health conditions.
- After the inspection, the provider sent us risk assessments relating to the person's nutrition, choking and PEG (percutaneous endoscopic gastrostomy) which was used to administer the person nutrition and medicines.

Staffing and recruitment

- Safe recruitment procedures were followed.
- Recruitment records included application forms and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff available to support people with their care.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to help safeguard people from abuse including policies and procedures regarding safeguarding adults.
- Staff had received appropriate training in relation to safeguarding.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Records indicated there had been no incidents or accidents, complaints or safeguarding alerts raised since the last inspection.
- The nominated individual described how, if concerns were raised, they would address the issue and share learning with the staff team to avoid a reoccurrence.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- We found the provider was not always following the principles of the MCA. A relative had signed the person's care plan dated 10 August 2020 to consent to their care. The nominated individual indicated this was because the relative was the "next of kin". However, the provider had not maintained evidence that the person had the legal authority to consent to the care of the person. This is required because only people with the legal authority, for example someone with lasting power of attorney, can consent on behalf of others.
- The person's care plan dated 3 January 2023 indicated they did not have the mental capacity to consent to their care. Therefore, there needed to be an assessment of the person's mental capacity, details of the person's representative able to give consent on their behalf or if this arrangement was not in place then a recorded decision that the care arrangements were in the person's best interests.

We recommend the provider consider and implement national guidance for best practice regarding the principles of the Mental Capacity Act 2005.

- During the inspection we explained to the provider The Office of the Public Guardian could confirm if people had a registered lasting power of attorney. After the inspection, the provider sent us evidence to show they had contacted this office.

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

- The person's needs were assessed prior to starting the service to confirm their needs could be met by the provider.
- The assessment formed the basis of the person's care plans.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. They completed an induction in line with the Care Certificate. 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.
- New care workers completed a shadow visit with an experienced care worker to familiarise themselves with the person's care requirements.
- Staff completed annual training to keep their knowledge and skills up to date so they could provide safe care, and staff confirmed this.
- A relative told us individual some care workers were able to meet the person's needs. However, others required better training and communication skills.
- The nominated individual completed spot checks of staff where they observed staff performance, to help ensure staff were following best practice.

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

- The person received the support they required to meet their nutritional and hydration needs. Their needs were assessed and recorded in their care plan.
- The person had complex support needs and received nutrition, fluid and medicines as required. Staff had received training on how to support the person with their nutrition and followed instructions by other healthcare professionals.

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

- The person's healthcare needs were assessed and there was information about these in the care records.
- The person required support from two people and this was always provided with the support of relatives.
- The person lived with their relatives who supported them to access healthcare services and support.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- A relative told us some care workers treated and supported people well and they respected the person's privacy and dignity.
- The care records included information about the person's background including their culture, religion and languages spoken.
- The Care Certificate training staff completed included learning around values and principles.
- Staff had signed a form to show they had received the provider's Code of Conduct so they were aware of the norm of behaviour and conduct when caring and supporting people.

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

- The nominated individual told us the person and their relatives had been involved in the care planning process and were consulted on any decisions regarding the care and support of the person.

Respecting and promoting people's privacy, dignity and independence

- Staff had completed training around dignity in care to help them to support people in a dignified and caring way.
- Staff signed a confidentiality agreement and data protection form to help ensure that any information about people receiving a service is maintained safely and respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant people's needs were not always met.

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

- The provider had care plans and risk assessments in place, but these did not always accurately reflect people's needs and preferences. This meant care plans were not always personalised to the service user's needs. For example, under personal care the records stated, "[Person] can make their own basic decisions" but this was contradicted in the cognition and mental capacity section which recorded, "[Relatives] are advocates as I cannot direct my own care or make decisions".
- We also identified the medicines risk assessment gave guidance for oral medicines which the person could not take orally. This could place them at risk of harm.
- The risk assessment for the use of a wheelchair and the hospital passport we reviewed during the inspection had information that was not relevant to the person they were about. After the inspection the provider told us the documents seen at the inspection were not up to date and they sent us the most recent documents.
- Records indicated the person's relatives were consulted around the care plan and in subsequent reviews.

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.

- Although it was not recorded in the communication section of the care plan, care records for the person indicated staff used cues and pictures to communicate with the person and anticipated most of their needs as the person was unable to communicate verbally. However, a relative told us pictures were not used as part of communication and some care workers did not have appropriate communication skills to understand the person's needs.
- The care plan included information regarding the use of assistive aids such as glasses or a hearing aid.

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

- The person lived with their family and care records indicated the family supported the person to attend their place of worship and took them out for walks in the local area and park.

Improving care quality in response to complaints or concerns

- The provider had a process for responding to complaints appropriately but had not had any since the last 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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 requirement: Continuous learning and improving care

At the last inspection, we found the provider did not effectively operate systems and processes to assess, monitor and mitigate risks or assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider remained in breach of Regulation 17.

- The provider had processes in place to monitor service delivery, however these were not operated effectively as demonstrated by the shortfalls identified during the inspection. This is the fourth inspection where the service has been rated requires improvement or inadequate. The provider has not been able to maintain, embed and sustain improvements at the service.
- The provider had not identified that care plans were not always written in a person-centred manner to reflect people's individual needs and preferences.
- Medicines checks were also not effective as they had not identified the concerns we found with the management of medicines.
- The provider's audits had not identified that the principles of the MCA were not always followed as there was a lack of evidence to demonstrate that consent to care was appropriately sought and received before care was provided.

This was a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual told us they spoke with people's relatives on a regular basis and if a concern was raised, they would increase spot checks. Spot checks were completed quarterly.

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

- The nominated individual told us they communicated with relatives and professionals and responded to their input. However, the feedback we received from stakeholders indicated communication was not always a positive experience on their part.
- They also said they tried to promote an open and inclusive culture for people by trying to make the package of care as "bespoke" as possible for the person and undertook "bespoke" training for the 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
- The nominated individual was aware of their responsibilities under duty of candour including the requirement to notify appropriate agencies including CQC if things went wrong. They told us, "We have to be transparent to everyone, staff and clients. Share any problems or celebrate. Be transparent."

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

- As it was a small service, the family were able to feedback to the nominated individual directly if they had any concerns.
- Staff had the opportunity to provide feedback through supervisions, appraisals, team meetings and surveys.

Working in partnership with others

- The nominated individual told us they communicated with the person's funding authority weekly.
- The person lived with relatives who liaised with other professionals to help meet the person's needs.

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 17 HSCA RA Regulations 2014 Good governance The provider did not effectively operate systems and processes to assess, monitor and improve the quality of the service or identify, assess or mitigate risks to service users. Regulation 17(1)