

1st Class Care Agency Ltd

# YES Care Services

## Inspection report

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Date of inspection visit:  
09 November 2021  
16 November 2021

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30 November 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Yes Care Services is a domiciliary care service that provides support and personal care to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 107 people were receiving support with personal care.

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

Risks to people were assessed, monitored and managed. There were clear plans in place to guide staff on how to manage risks relating to the health, safety and welfare of people. Risks were regularly reviewed, and plans were updated to reflect any changes.

Staff followed safe infection prevention and control (IPC) measures. They used and disposed of PPE safely to minimise the spread of infection. People told us staff kept their homes clean and hygienic.

The recruitment of staff was safe. The required pre-employment checks were obtained to assess the fitness and suitability of applicants prior to a job offer being made. A risk assessment was carried out and monitored for staff where it was required.

People received care and support by the right amount of suitably qualified and experienced staff. Staff arrived at people's homes on time and stayed for the full duration of the agreed call time. People told us they were contacted to let them know when a visit was running late.

Medication administration records (MARs) were completed to accurately reflect people's prescribed medicines and how and when they should be administered. The alert system used to monitor the administration of medication was used effectively in identifying and actioning any medication errors or omissions.

Since the last inspection the leadership of the service had been strengthened by the appointment of a second manager to work alongside the current management team. The manager appointed was also appointed as the Nominated Individual (NI) with responsibilities for supervising the management of the service on behalf of the provider.

Governance systems were reviewed and strengthened to make sure they were effective. Managers and staff with responsibilities for completing audits and checks across the service received further training and support to increase their knowledge and confidence. Audits and checks were carried out consistently and used to drive improvement to the quality and safety of the service.

The culture of the service had improved which led to positive outcomes for people using the service. There

were effective lines of communication with people, family members, staff and other partner agencies.

For more details, please see the full report for 'Yes Care Services' which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 30 March 2021). At the last inspection, significant breaches of Regulations 12 (Safe care and treatment), 13 (Safeguarding service users from abuse and improper treatment) 17 (Good Governance) and 19 (Fit and Proper Persons) were identified. The service was placed in Special Measures.

At this inspection, the service has improved to requires improvement. Improvements were found across the service and the provider was no longer in breach of Regulations 12 (Safe care and treatment), 13 (Safeguarding service users from abuse and improper treatment) 17 (Good Governance) and 19 (Fit and Proper Persons). However, improvements made needed to be embedded and sustained over a longer period to achieve a rating of good.

This service has been in Special Measures since March 2021. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this focused inspection to follow up on the action we told the provider to take at the last inspection and to check whether the provider was compliant with the health and social care regulations for the key questions Safe and Well-led.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org](http://www.cqc.org).

#### Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# YES Care Services

## 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

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

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

Inspection activity started on 09 November 2021 and ended on 16 November 2021. We visited the office location on 09 November 2021.

#### What we did before the inspection

We reviewed all the information we held about the service since the last inspection. We also obtained information about the service from local authorities and local safeguarding teams.

The provider was not asked to complete 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 over the telephone with a total of 14 people who used the service and their family members about their experience of the care provided. We spoke with both registered managers (one is also the nominated individual), the branch manager, provider and 12 staff including care workers and office-based staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 10 people's care and medication records. We looked at recruitment records for five staff employed since the last inspection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant people's safety had improved. However, many of the improvements were recent and needed to be embedded and sustained over a longer period to achieve a rating of good.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection Risks to the health and safety of service users was not assessed and mitigated. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to the health and safety of people were assessed and their safety was monitored and managed.
- Risk management plans were developed based on the outcomes of risk assessments. The plans provided staff with clear guidance on how to safely manage the risk of harm to the person and others. The plans were reviewed regularly and updated to reflect any changes which impacted on the level of risk.
- People and family members told us staff were aware of the risks they faced and managed it well. Their comments included; "They [staff] are careful to make sure I'm safe" and "They [staff] manage things for me the right way."
- Accidents and incidents were analysed when they occurred to establish what lessons could be learnt to reduce further risk to people and others. Where it was possible action was taken to minimise the risk of further occurrences and lessons learnt were shared across the staff teams.

Preventing and controlling infection

- Safe measures were followed to minimise the risk of the spread of infection including those related to COVID-19.
- Staff completed infection, prevention and control (IPC) training and underwent regular competency checks to assess their knowledge of IPC procedures including the use of PPE. Staff were provided with a good supply of the right PPE.
- People and family members told us staff used and disposed of PPE safely and made sure people's homes were left clean and hygienic before leaving. Their comments included; "They [staff] always wear a mask, gloves and aprons when here and throw it away in my bin outside." and "They [staff] leave my place spotless."

Staffing and recruitment

At the last inspection safe recruitment processes were not followed. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Safe recruitment processes were followed.
- The required pre-employment checks were carried out and used to assess applicant's fitness and suitability before they were offered a job.
- Risk assessments were carried out and monitored for staff where this was required.
- People received care and support from the right amount of suitably qualified and skilled staff to keep them safe and meet their needs.
- Staff had completed training in topics specific to people's healthcare needs including diabetes and, epilepsy. People and family members told us they thought staff had the right skills and knowledge for their job.
- People told us the right amount of staff attended and in the main their visits were on time and staff stayed for the full duration of the agreed visit time. They told us they were notified when visits were running late. Their comments included; "[Relative] needs two carers, there's always two" "They [staff] are mostly on time, they call me if they are going to be a bit late" and "Yes, they get here at the right time and do everything they need to do before going."

Systems and processes to safeguard people from the risk of abuse

At the last inspection safeguarding systems were not used effectively. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- The systems in place to safeguard people from the risk of abuse were used effectively to protect people from the risk of harm and abuse.
- Allegations of abuse were raised promptly with the relevant agencies and immediate action was taken to make sure people were safe, whilst investigations were carried out.
- Managers and staff had completed safeguarding training and understood their responsibilities for keeping people safe from abuse and the risk of abuse.
- People told us they felt safe with staff and that they treated them well. Their comments included, "I feel very safe with them [staff], they treat me very well indeed" and "Couldn't feel any safer." Family members told us; "I have peace of mind knowing how safe [relative] is with the girls" and "No concerns at all about [relative] safety and how they are treated."

Using medicines safely

At the last inspection medication was not recorded and used safely. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Medicines were safely managed.
- Staff with responsibilities for the management of medicines had completed the required training and underwent regular checks of their competency.
- Care plans clearly set out information about people's prescribed medicines and instructions for use. This included guidance on the application and recording of creams and patches.

- Medication administration records (MARs) were updated to reflect any changes made to people's medication or instructions for use. Staff completed the required records

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had improved. However, the improvements needed to be embedded and sustained over a longer period to achieve a rating of good.

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

At our last inspection the provider failed to operate effective systems for checking on the safety and 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 enough improvement had been made and the provider was no longer in breach of regulation 17.

- Learning had taken place and action taken since the last inspection to improve the quality and safety of the service people received. Learning was shared across staff at all levels through training sessions, meetings and supervisions.
- Additional management support was put in place following the last inspection. This included the appointment of a second manager who subsequently registered with CQC.
- Following the last inspection managers and staff with responsibilities for checking on areas of the service were provided with further training and support to increase their knowledge and confidence.
- Systems and processes for assessing, monitoring and improving the quality and safety of the service had been strengthened. Audits were completed regularly which included obtaining the views of people using the service. Prompt action was taken to act upon areas for improvement that were identified through audits and checks.
- Risks to the health, safety and welfare of people were identified and assessed through the effective use of the providers governance systems and processes.
- Records of people using the service and staff employed were reviewed following the last inspection and regularly thereafter to make sure they were accurate, complete and up to date.
- The registered provider submitted notifications to CQC in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service had improved which led to people receiving positive outcomes.
- People told us they were consulted about their care plans and agreed with them. They told us staff

provided them with the right care and support. Their comments included; "They [staff] follow my care plan, they are brilliant, I can't fault them" and "They [staff] do everything just as I like it."

- Managers and staff communicated effectively with people and family members. People and family members told us managers and staff had maintained regular contact with them to check they were satisfied with the service. They also told us they were invited to complete a service satisfaction survey.
- People were provided with a schedule of their visits. They told us they were contacted to let them know of any changes to visit times or staff attending. Their comments included; "It's not very often they are running late but they do let me know" and "They [staff] call me if they are running late." A family member commented; "They [staff] are prompt, it is essential they are on time for [relative] due to [specific health need]."

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; Working in partnership with others

- The provider and managers were open and honest with people and relevant others. They shared the findings of the last inspection and their plans for improving the service people received.
- Investigations took place when this was required, for example in response to complaints received about the service and incidents which occurred, and the outcomes were shared with relevant others.
- Managers and staff worked in partnership with other health and social care professionals. Managers worked collaboratively with local authority commissioners and safeguarding teams.
- Relevant others including CQC were notified in a timely way about incidents, events and changes at the service.
- The last CQC inspection ratings were displayed at the service and on the providers website.