

Yes Care Limited

# Yes Care Limited

## Inspection report

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Date of inspection visit:  
14 September 2020

Date of publication:  
29 October 2020

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

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

During the inspection we found evidence of inaccurate record keeping as what was written in daily care records did not accurately reflect what the provider told us about the care of a person.

At the time of the inspection, there was no registered manager in post.

At the previous inspection we found concerns regarding the use of agency staff, medicines administration and training for staff to use specific equipment in the care of people. At this inspection we were not able to make a judgement about whether improvements had been made because the provider told us they no longer used agency staff, did not administer medicines and were no longer using the equipment.

The training we saw was up to date, supervisions were being undertaken on a regular basis and the provider was completing spot checks to ensure the service user's needs were met.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 24 December 2019). The breaches of regulation were in respect to recruitment, staffing, safe care and treatment and governance. This service has been in 'special measures' since April 2019. During this inspection the provider demonstrated that improvements had 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 announced targeted inspection to check if the provider had made improvements to meet regulations 12 (Safe care and treatment), 17 (Good governance), 18 (staff) and 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which they were in breach of at our last inspection in November 2019. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices, breaches of regulations or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found there were some improvements in the service in relation to governance, so we widened the scope of the inspection to include the whole of the well-led key question and to award it a rating.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yes Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

After the April 2019 inspection we rated the service inadequate and placed it in Special Measures. We took enforcement action against the provider and the registered manager, which included cancelling the registration of the registered manager and imposing conditions on the provider to restrict admissions. In addition further conditions were imposed on the registered provider. These included conditions to appoint a new registered manager, employ a consultant, send in monthly reports to the CQC and restrictions around admissions to the service. CQC is in the process of reviewing these conditions.

At this inspection we found the provider remained in breach of one out of four breaches of regulations identified at the last inspection. This was for a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

### 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 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### 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

This was a targeted inspection to check the provider was meeting regulations they were previously breaching which included regulations 12 (Safe care and treatment), 17 (Good governance), 18 (staff) and 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

At the time of the inspection, the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had hired a manager who had not yet begun working at the location but who had applied to CQC to become the registered manager.

#### Notice of inspection

This inspection was announced on 8 September 2020 to be carried out on 9 September 2020. However due to the Nominated Individual's availability, it was not carried out until 14 September 2020.

#### 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 inspections 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 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.

#### During the inspection

We spoke with the nominated individual. We reviewed a range of records. These included the care file for the person using the service, the care worker's file, the recruitment records for the new manager of the service and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We emailed the clinical commissioning group (CCG) providing funding and we spoke with the care worker and a relative.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check the recruitment, staffing, safe care and treatment of people and the provider's governance arrangements of the service. We will assess all of the key question at the next comprehensive inspection of the service.

### Staffing and recruitment

At the last inspection, we found the provider did not always check that staff were suitable to work with people using the service. They had sourced staff from a recruitment agency to provide care to the person using the service but had not obtained employment and training profiles for all of these staff. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were not able to make a judgement about whether improvements had been made because the provider was no longer using agency staff and had not hired any new staff since the last inspection.

- The provider had transferred a member of staff internally from another subsidiary organisation they operate and we have therefore not been able to fully assess how the provider carried out the safe recruitment of staff.
- The provider told us although they no longer used agency staff they had a proforma to complete to help ensure the agency staff used were suitable to work with the person, should they require agency staff in the future.

At the last inspection, we found there were not enough suitable staff deployed to meet the needs of people using the service. The provider was not able to demonstrate agency staff were suitably qualified, competent, skilled or experienced to provide safe and effective care because they had not carried out checks in respect of this. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were not able to make a judgement about whether improvements had been made because the provider had not employed any agency staff since the last inspection. At the time of the inspection, if the care worker could not work, the person's family or nominated individual covered the shift.

### Using medicines safely

At the last inspection, we found the provider was not ensuring the safe and proper management of 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 this 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 and this was always undertaken by a family member.



# 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 the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check the recruitment, staffing, safe care and treatment and governance of the service. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At the last inspection, we found not all staff providing care had received an induction, training or had the right experience to provide effective care. This included having the required skills to use a percutaneous endoscopic gastrostomy (PEG) tube (equipment used to help people with nutrition and hydration). This was a breach of Regulation 18 (staffing) 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 18.

- At this inspection the provider showed us a 'PEG Care Plan' that had guidance to follow the care plan from the hospital and the how to care for the PEG/ gastrostomy site. The plan was dated 18 July 2019 and signed by an assessor and care worker. The provider told us this was evidence of the care worker's training in situ with the person and was assessed by a nurse. This was not clear from the care plan. The training matrix for the care worker which the provider sent to us after the inspection, indicated the last PEG training was completed 18 July 2020 which is inconsistent with the training records we saw. However, overall, we were satisfied that the records indicated the care worker was competent to undertake the care of the person in relation to the PEG tube.
- Notwithstanding the above, the provider told us that care staff were no longer providing support with the PEG tube or catheter care and were only there to support the person with personal care.

# 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. We have not been able to change this rating to more than requires improvement because we have not been able to assess all the five key questions at this inspection. We will review the ratings for the other key questions and the service overall when we next conduct a full comprehensive inspection.

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 not always effectively operated systems and processes to mitigate risks to the health and wellbeing of people who used the service. At the last inspection we saw information about medicines administration was not being maintained accurately. It was not always clear who had completed the medicines administration because logs of care visits stated some staff had administered medicines whilst medicines administration records had mostly been signed by the person's family.
- At this inspection we found this remained the case. Daily care records we saw were not clear as the nominated individual had signed some of them, although they said they were not completing the tasks recorded on the daily care records. Daily records of care are records completed by the person delivering care to show when and what care has been delivered to a person using the service. The daily records we saw indicated the person had received medicines and the PEG tube was used. On the day of the inspection, the nominated individual said they had not undertaken the tasks, and their signature indicated that they had completed a 12 hour shift that day. They told us the family had administered the medicines and undertaken feeding with the PEG tube. After the inspection, the provider's representative confirmed that signing the daily records was to check that the care tasks had been performed by the relatives of the person receiving care. However, on other days, the daily records of care had been used by the relatives and signed by them when they had delivered the care. The Social Care Institute for excellence states in relation to keeping accurate records "Whatever it is you are expressing – fact or opinion – state accurately what is happening, or what you believe, and avoid vagueness wherever you can." We were not satisfied that the records maintained by the provider were sufficiently accurate to describe the care received by the person and who delivered it.
- A newly appointed manager had submitted an application to the CQC to become the registered manager,

but at the time of the inspection there was not a registered manager in post.

Failure to effectively operate systems to monitor and improve the quality of the service and assess, monitor and mitigate risks was a repeated breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was one person using the service at the time of our inspection, the same number as at our last inspection. Therefore, the provider was not able to demonstrate that they would be able to scale up any improvements that they might have made in relation to the care for the one person receiving a service from the provider, if they started providing a service to more people or have more staff to manage.

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

- We were not able to fully make judgements for some areas in this key question because there was only one person using the service and only one care staff member. In some areas, for example duty of candour, there was not enough evidence to make judgements. However, the information we received suggested the provider was working in partnership with the person's family and the clinical commissioning group (CCG) who were satisfied with the care provided to the person.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>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.</p> <p>Regulation 17(1)</p>