

1st Class Care Agency Ltd

# YES Care Services

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Yes Care Services is a domiciliary care service that provides support and personal care to older people in their own homes. Not everyone who used the service received personal care. 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 79 people were receiving support with personal care.

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

People and family members felt that on-the-whole the service was well-managed. However, some felt that better organisation was needed to support care staff within their role. Some people and family members felt staff appeared rushed and told us there were often new staff being recruited and regular staff were often leaving. Staff felt supported in their role and keen to implement the person-centred culture and approach encouraged by the registered manager and provider. Effective quality assurance systems were in place to monitor key aspects of the service.

People told us they felt they received care from staff that made them feel safe and were confident they were well looked after. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Risks to people had been assessed and those identified were managed safely by competent staff. Where people required support with medication this was managed safely; people and family members confirmed that medication was received at the right times. Where required, people had access to appropriate equipment and were supported to ensure their homes remained safe.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs. Staff had received a range of training and support to enable them to carry out their role safely and effectively. People told us they received the right care and support from staff who were well trained and knew them well. People also told us staff never missed a call and always arrived on time.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People received support to maintain good food and drink intake and their healthcare needs were understood and met. Care was delivered in a personalised way and in line with information recorded in people's care plans.

Staff delivered care in a person-centred way based on people's preferences and likes. People and family members told us staff were kind and caring and always treated them with respect. People felt listened to and told us staff had time to sit and chat with them. People were supported to maintain relationships with family members and to access community activities to reduce social isolation.

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.

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 and update: This was the first inspection since this service was registered in November 2018.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

This service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

# 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

This inspection was carried out by one inspector and one 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 homes.

The service had a manager 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started on 21 November 2019 and ended on 5 December 2019. We visited the office location on 21 November 2019.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. 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 10 people who used the service and six family members about their experience of the care provided. We spoke with seven members of staff including the registered manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This was the first inspection for this newly registered service. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs.
- Staff were allocated specific areas so that calls were within close distance to help ensure calls were completed at the right times.
- People told us they were mostly supported by regular staff and that on-the-whole staff arrived at the times agreed in their care plans. Comments included; "Yes staff are generally on time and I see the same girls all the time" and "The regulars [staff] are on time but sometimes others are not as reliable."
- Safe recruitment processes were being followed. Appropriate checks had been completed to ensure staff were suitable to work with vulnerable people.

### Assessing risk, safety monitoring and management; Using medicines safely

- Individual risks to people and the environment had been assessed and were managed appropriately.
- Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm.
- Medicines were managed safely by suitably trained staff. Regular assessments were completed to check staffs' competency to administer medicines.
- Medication assessments had been completed to identify those who required support with their medicines and those who were able to self-administer.
- Medicine administration records (MARs) had been completed accurately by staff administering people's medicines.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from abuse and told us they were confident reporting safeguarding concerns.
- Allegations of abuse were raised with the relevant agencies in a timely way. The service worked alongside others and acted appropriately to safeguard people from further risk of harm.
- People told us they felt safe with staff who supported them. Family members were also reassured their loved ones were safe. Comments included; "I have taken to them [staff] and trust them with everything," "They [staff] make sure I don't fall and put me safely in my chair" and "Yes they [staff] wouldn't harm[relative]. They are carers in their heart."

### Preventing and controlling infection

- Staff told us they had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.

- Staff had access personal protective equipment (PPE) when required.

#### Learning lessons when things go wrong

- The service used safeguarding incidents, accidents and complaints as a way of learning and improving care. Information was circulated to staff to help prevent incidents from occurring in the future.



# 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 was the first inspection for this newly registered service. At this inspection this key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their role effectively. Newly recruited staff had completed a comprehensive induction and shadowing period.
- Staff continued to receive training throughout their employment in order to maintain up-to-date skills and knowledge; training received was appropriate to people's needs and the requirement of their role.
- People and family members felt that on the whole staff knew what they were doing. Comments included; "Most staff know what they're doing, some of the newer ones need more training" "My regular staff are marvellous" and "All the care has been good, so I think so."
- Staff felt supported in their role and received regular one-to-one supervision. They told us the on-going support enabled them to discuss their work concerns or learning and development when needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed, and care delivered in line with standards, guidance and the law. Assessments were completed in good detail and provided guidance for staff to support people and ensure their needs were met.
- Assessments from health and social care professionals were obtained and used to help plan effective care and support for people.
- Information was shared with other agencies where this was appropriate so that people received consistent care and support to meet their needs.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from health and social care professionals this was written in their care records.
- The registered manager and staff were aware of the process they should follow if a person required support from any healthcare professionals.

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

- Care records documented when people needed support with preparing food and drink.
- People told us they received support with their meals and that staff made sure they had access to drinks and snacks throughout the day.

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 Act 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 (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

- People told us they were offered choice and control over the care they received. One person told us "Yes they [staff] always ask and I feel relaxed."
- Where people lacked the capacity to make particular decisions, this was clearly recorded in their care plan.
- Records to evidence consent for care had been signed by the right person.

# 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 of this newly registered service. At this inspection 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 and family members spoke positively about the caring nature of the staff and the support they provided. Comments included; "My regular carer is wonderful and like family," "They [staff] are gentle and lovely to see. They treat [relatives] like they are their own parents" and "They [staff] are very kind. When it was [relative's] birthday they clubbed together and bought him a present."
- People and family members told us staff mostly had time to chat with them, however, sometimes staff appeared rushed. One person told us, "Yes, I get to chat with them [staff] I like a bit of a laugh." A family member told us "Staff always take time to cat with [relative] which cheers her up."
- People told us they felt staff who attended regularly knew them well and they felt comfortable with the. One person told us "Yes they [staff] know when I'm in a bad mood and talk me round. I can't fault them."
- Equality and diversity support needs were considered as part of the assessment process; the registered manager had a good understanding of their role and responsibility to ensure appropriate support measures were in place.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with dignity and respect and provided care and support in a way that made them feel comfortable. One family member told us "Dignity is a definite. [Relative] gets embarrassed but they [staff] show lots of compassion." Another told us "They [staff] handle [relative] as a person not just a body."
- People told us they felt listened to by staff; one person told us "They [staff] listen and I feel I can talk to them about anything."
- Staff supported people to remain as independent as possible. Family members told us they felt their loved ones were encouraged to remain independent were possible.
- Staff understood the importance of maintaining people's confidentiality and keeping care private and gave examples of how they did this.

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

- People and family members told us they were given the opportunity to share their views about the care they received.
- Regular review meetings were held with people and family members to discuss care and obtain people's views.

# 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 of this newly registered service. At this inspection 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 received care that was person-centred and based on their individual needs and preferences. People told us; "They [staff] give me whatever I want" and "The care is very comprehensive."
- Care plans contained information about people's life history to enable staff to get to know people before supporting them and engage in meaningful conversations.
- People told us they were aware of their care plans and felt involved in decisions made about their care. Comments included; "Yes, I look and it's accurate" and "I don't read it [care plan] because I trust them [staff]."
- Family members told us staff regularly contacted and kept them up-to-date and informed of their loved one's care. They told us; "They [staff] are good at telling me, they are pretty observant" and "They [staff] always let me know."

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

- People were supported by staff to access community groups to help with social engagement and encourage people to access the community.
- The service had implemented a new initiative with the local authority which supported people with similar interests and personalities to socialise in small groups in each other's homes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded and shared information relating to people's communication needs. Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.
- The registered manager was aware of the need to ensure that information was made available to people in a way they would understand, such as large print for those with sight impairment, should they require it.

Improving care quality in response to complaints or concerns

- People and family members told us they knew who to contact if they had any concerns and were confident any issues would be dealt with. One family member told us, "I have rung the office a few times and the carers are not frightened to ring if something is not done. They have mum and dad's interest at heart."

- Each person's care plan contained information about who to contact should they wish to make a complaint.
- The service maintained a record of complaints to show how complaints had been dealt with; those recorded had been dealt with appropriately.

#### End of life care and support

- The service was not currently supporting anyone with end of life care. However, the registered manager told us they would work closely with health care professionals and follow guidance provided to ensure people receive the right support.
- The registered manager was currently updating all care plans to include information regarding people's end-of-life wishes.

# 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 of this newly registered service. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff understood their roles and responsibilities; staff told us there was good communication between the registered manager and themselves about the any changes to the service or people being supported.
- People and family members knew who the manager was and spoke positively about their abilities. However, some felt that better organisation was needed to support care staff within their roles. One family member told us "The manager is good, but they need better organisation of staff. They seem up the wall running around. They really do work hard."
- The provider ensured policies and procedures were reviewed regularly and accessible to staff when needed.
- The registered manager ensured we were notified of events as required by regulation.
- The registered manager and provider were aware of their legal responsibilities and the importance of investigating incidents/events that occurred as well as complying with duty of candour responsibilities.

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

- The registered manager and provider promoted a culture of person-centred care which was evidenced by the positive comments received by people using the service.
- People and family members told us they were happy with the service they received. Comments included; "My life is in their [services'] hands. I've never needed emotional support before and I've had to adapt. I am very happy with the service" and "It's [the service] exceptional. They [staff] do care and make a difference. It takes a burden off us."

Continuous learning and improving care

- Effective quality assurance systems were in place to monitor key aspects of the service; checks and audits were completed regularly by the registered manager and office staff.
- 'Spot checks' were completed on staff by the registered manager to observe their practice whilst providing support to people. Any issues identified would be addressed through supervision and additional learning and support given if required.
- Surveys were sent out to people and family members as a way to gather people's views about the service; information gathered was used to make improvements to the service provided.

- The registered manager and other senior staff attended forums and courses delivered by external organisations to gain up-to-knowledge help improve care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service.
- Regular meetings were arranged with staff to give them an opportunity to share their views and receive updates regarding the service. The registered manager was looking at ways to improve attendance to these meetings to ensure consistency across all staff.
- The registered manager and staff worked closely with other health and social care professionals to ensure good outcomes for people.
- Links had been developed with community groups and to help engage people and support with social interaction.