

Yes Care Limited

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Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

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 in the community. The provider is a privately run organisation and this is the only registered location. The agency also provides other care and support which does not include personal care. CQC is not responsible for regulating these aspects of the service. At the time of the inspection 10 people were receiving support from the agency. The registered manager told us that seven people were receiving personal care (which includes support with medicines) and three people were receiving other support. However, feedback from one member of staff which we received after the inspection visit, included information which indicated one other person was receiving support with personal care.

People's experience of using this service:

People using the service were not safe. The risks to their safety and wellbeing had not always been assessed or planned for. The staff were undertaking tasks which they had not been trained to do and the provider had not assessed their competencies or skills. These included using medical devices and supporting people with multiple and complex healthcare needs.

The provider did not ensure the safe and proper management of medicines. Information about medicines was not always completed in people's care plans or risk assessments. The provider had not trained staff to safely manage medicines and they had not assessed their competency or knowledge regarding this. The provider had not seen or audited medicines administration records, so they could not be confident that people had received their medicines as prescribed.

People were placed at risk of abuse and harm. The provider did not ensure safeguarding procedures were followed. They provided care to children under the age of 18 years. This care had not been planned for or risk assessed. The staff had not been trained to safely care for children and when there had been incidents involving these children the provider had failed to take the appropriate action to notify the local safeguarding authority.

The provider did not have systems for learning from accidents, incidents and concerns. Throughout our inspection we identified records where staff had recorded accidents and concerns. There was no evidence these had been investigated. The relative of one person told us that when they raised concerns these had not been responded to appropriately. There was no record of these concerns or action taken by the provider.

The provider did not ensure staff were suitable to work at the service. They did not follow their own recruitment procedures because they had not carried out all the necessary checks on staff. They did not provide a comprehensive induction for staff or assess their skills and competency in any areas. There was no evidence of 'spot checks' to observe the staff in the work place or supervision meetings where the staff would discuss their work with their line managers.

The provider had not undertaken any assessments of people's capacity or obtained written consent for the care they were providing.

The staff were not always kind, caring or respectful. Some of the records staff had completed showed disrespect and contempt for the vulnerable people they were employed to care for.

Some people's needs had not been assessed or planned for. Care plans did not include how to support people with all aspects of their care. Some care plans included information which related to completely different people. In some cases, this placed people at significant risk because the documents indicated people should be offered drinks when they were unable to swallow and had been assessed as 'nil by mouth.'

The systems for monitoring the quality of the service were not being implemented effectively. The provider had failed to recognise the wide spread deficits in the service. Where concerns had been identified by the provider's own quality monitoring they had not taken action to put things right.

Following our initial feedback after the inspection visit, the registered manager explained that they had taken some action to address the concerns which we had highlighted. We wrote to them asking them for further assurances. They sent us an initial action plan and offered to provide evidence of some of the actions they had taken.

Before our inspection visit, the provider had experienced a loss of computerised records. The registered manager informed us that some of the documents which were absent at the time of the inspection were in place but could not be accessed. They told us they were communicating with the on line cloud provider in order to try and retrieve this data.

Some people who used the service were happy with the staff who supported them. In particular, one relative explained how the care staff had helped them to communicate with other healthcare professionals. Some of the staff were also happy and felt supported. They said they could ring the office staff and ask for support, and that this was given when they needed it.

We identified breaches of nine Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to person centred care, dignity and respect, need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, receiving and acting on complaints, good governance, staffing, fit and proper persons employed. We also identified one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009 relating to notifications.

Rating at last inspection: This was the first inspection of the service since it was registered in May 2017. There was no one receiving a service until September 2018, which is why we had not inspected before this.

Why we inspected: The inspection was carried out as part of our scheduled plan of inspections.

Enforcement:

We have taken action against the provider for failing to meet Regulations.

We have cancelled the registration of the manager and imposed conditions on the registration of the provider.

Full information about CQC's regulatory responses can be seen in our table of action.

The service has been rated 'inadequate' and is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

Follow up:

We will continue to monitor the service and will undertake another comprehensive inspection within six months or sooner if needed.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Inadequate ●

The service was not effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

Some aspects of the service were not caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

Some aspects of the service were not responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our Well-led findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection visit. An assistant inspector carried out some of the telephone calls to people using the service, their relatives and staff.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. This person was also the owner of the company. 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we looked at all the information we held about the service. This included feedback we had received from other professionals and members of staff raising concerns about the agency. We also looked at the provider's website.

On 8 May 2018, we requested the provider complete a Provider Information Return (PIR) telling us about the service. They had not completed and submitted this by the time of this inspection visit.

The PIR is a form that asks the provider to give some key information about the service, what the service

does well and improvements they plan to make.

During the inspection we spoke with one person who used the service, two relatives of other people and eight care workers by telephoning them. We also received written feedback from three other care workers. We spoke with one healthcare professional who worked with a person using the service.

During the visit we met the registered manager, general manager, two care coordinators and a partner involved in the ownership of company.

We looked at the care records for four people who use the service and staff records for five members of staff. We also looked at other records used by the provider for managing the regulated activity. These included meeting minutes, audits and policies and procedures.

Is the service safe?

Our findings

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

Inadequate: ☐ People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse

- People using the service and other vulnerable people who the staff came into contact with were not always safeguarded from abuse or harm.
- The daily care notes for February – April 2019 for one person included 21 occasions when the staff had supported a child (of the person using the service) to have a bath, they had also applied medicated cream to the child and administered antihistamine medicines. The care notes showed that the staff member had also taken the child in a car. There was no care plan or risk assessments relating to these activities. The provider has not been assessed to provide care to children under the age of 18 years. There were no medicines administration records in respect of the medicines which had been administered to this child. Furthermore, the person using the service told us that a member of staff from the agency was in sole charge of the child when an incident occurred in 2018 when the child became lost. The registered manager was made aware of this but had not recorded the incident or reported this to the local safeguarding authority.
- The registered manager told us that staff did not handle people's money. There were no records to show any financial transactions or risk assessments relating to this. However, the daily notes for one person stated that a staff member had withdrawn cash for them on one occasion, undertaken shopping for them on at least three occasions and taken photographs on their mobile phone of the person's bank account during March 2019. The person told us that they gave their bank card to the staff and monitored the expenditure. The provider's policy and procedure regarding 'service users' finances' stated, "Yes Care Limited will keep full, individual and receipted records of its financial transactions with or on behalf of the clients." The procedure also stated, "The financial transaction records should be checked monthly by Yes Care Limited." There were not records and no evidence the staff handling of this person's finances had been checked by the provider.
- A record in one person's care file entitled, 'my overview of my experience working with [person]' had not been dated and it was not clear who had written this. The record included the statement, "[Person] alleges things are going missing, people are stealing and damaging [their] things." There was no evidence this allegation had been investigated or responded to.
- Records and feedback showed the staff had not undertaken any training regarding safeguarding adults or children, with the exception of some staff who had undertaken this training with other employers. The provider's procedure for safeguarding stated, "Yes Care Limited will ensure all staff are trained on whistle blowing." The procedure also stated, "Yes Care Limited will ensure all staff will be trained and understand

the different patterns and behaviour of abuse." The records and feedback we received indicated the provider had failed to follow their own procedures.

The above constitutes a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The provider did not always ensure the safe care and treatment of service users because they had not always assessed the risks to their wellbeing or done all that was reasonably practicable to mitigate these risks.
- Three of the people whose records we viewed received all food, fluid and medicines via a Percutaneous endoscopic gastrostomy [PEG] tube, a device through which food and fluids are given directly to the person's stomach because they are unable or have difficulty to swallow. The provider had created nutritional and hydration care plan for these people. These (and other documents) stated people was 'nil by mouth.' However, the assessment for two of the people also included an action plan for oral care which stated, "Pain relief and protection to encourage oral intake", "Offer fizzy drinks/soda water hourly", "Offer unsweetened pineapple juice to suck on a foam stick or drink" and "offer 300ml cold water/soda water every hour." If staff followed this guidance these people would be placed at serious risk of harm.
- One person's care records included a risk assessment relating to inappropriate behaviour and aggression towards staff. The assessment included an action plan which stated that staff should be aware of guidelines and to follow these. There were no guidelines to describe how the staff should support the person to reduce their anxiety or what to do when or if the person became aggressive. There were no records to show how incidents had been responded to or to describe any triggers, so the provider was not able to analyse these or review the guidance or plans to support this person.
- The care plan for one person included the tasks that the care workers would drive the person and their children. There was no risk assessment in respect of this. No information about the safety, condition, legal status for the car being used. There was no evidence that the care workers skills at driving had been assessed or were regularly checked. The registered manager informed us that they had viewed driving licences and the insurance information.
- A quality monitoring tool completed in March 2019 which the provider showed us had identified that "risk assessments were inadequate." The details of who had completed the form had not been recorded. The quality manager told us the registered manager had completed this. The actions to address this had not been completed, as we found this was still the case during our visit of 9 April 2019.

The above constitutes a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had developed suitable risk assessments relating to the needs of two people whose care records we looked at. These people used a range of medical devices. The use of these had been assessed and there was guidance for staff. In addition, the provider had assessed risk relating to the person's mobility, skin condition, nutritional needs and home environment. The assessments recorded action the staff should take to minimise these risks. The information was up to date and relevant.

Staffing and recruitment

- The provider did not ensure staff were suitable to work at the service because their recruitment checks were not thorough. None of the staff files we looked at included robust recruitment checks.
- One staff member's personnel file showed that they had completed an application for employment and a personal statement which stated they were the registered manager of another care agency and that they remained in employment in this role.
- Records showed that the provider had not conducted a recruitment interview for this member of staff. They had not requested or obtained any references in respect of them and there was no record showing proof their address.
- A second member of staff's personnel record showed they had been in employment with Yes Care Limited since October 2018. They had completed an application form and curriculum vitae (CV) on 23 October 2018. This listed two current employers on their CV. They had not named the employer for the second role. The provider had not sought clarification regarding these details or sought to obtain references from either of these employers.
- The provider had obtained one reference for this member of staff, however, this gave dates of employment only and not information about the staff member's conduct or skills. The referee gave the dates of employment which differed from the staff member's application form. The provider had not sought clarification on this. There was no record of a recruitment interview for this staff member. There was no other references in respect of this staff member.
- A third member of staff's personnel file included an application form completed but there was no record to show the provider had conducted a recruitment interview. The staff member had provided two references which were addressed to "Whom it may concern" one was not dated and the other was from seven months before their application to work at Yes Care Limited. The provider had not sought further references or contacted the referees to obtain updated information and evidence they were genuine.
- A fourth member of staff's personnel file included an application form which listed a number of different employers. There was no record to show the provider had sought references from any of these employers. The staff member had provided two personal references. There was no record to show the provider had sought clarification that these were genuine. The member of staff had also provided a training certificate showing they had undertaken training with another care agency in shortly before their employment with Yes Care Limited. They had not listed this as one of their employers. The provider had not checked to make sure this was genuine.
- The fifth staff personnel file we looked at did not contain any references and other information within their personnel file was inconsistent. They had recorded a different surname on some documents to the name recorded on their passport, birth certificate and resident's permit. These proofs of identity had been signed for as seen by Yes Care Limited staff until four months after they had started work with the agency. Their application form included a gap between of four years when no employment or otherwise was recorded. The records did not include information to show the provider had sought clarification of these discrepancies.
- The application forms completed by staff applying for work did not always include the required details,

such as information about their past employment or qualifications. One member of staff's application form included a gap between employment of four years. There was no information about how the staff member had spent this time and the provider had not recorded that they had asked the candidate about this.

- All of the staff we asked told us they had some form of interview with the provider before starting work. However, some told us that this was just going through their application form and submitting documents rather than a discussion around their skills and competencies. One staff member told us, "I was asked by manager to meet him at train station for him to pick me up take me to his office, for induction and training but he did not turn up, I had to return home. The manager called me in three days later and I had to meet him at the hospital where I started to care for a person."
- The provider had a spreadsheet where they had recorded the information held on each staff member's file. This showed that only 15 of the 37 staff listed had completed an application form. The spreadsheet also recorded that four members of staff had not supplied any proof of identification, they did not have any references for 24 members of staff and only had two references for five of the staff.
- A 'compliance assessment' which the registered manager showed us had been completed in March 2019. This included the recommendation, "Consider the introduction of a recruitment audit on a regular basis to ensure that policies are followed." Whilst they had undertaken this audit, it had not ensured policies were followed as there was still information missing from staff records. A further audit completed by the provider on 8 April 2019 identified, "The current recruitment process requires improvement, critical documents could not be found." This analysis of the situation did not include any action the provider had taken to mitigate the risk of unsuitable staff caring for people.

The above constitutes a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did not ensure enough suitable staff were deployed to meet the needs of people who used the service. Feedback from one person's relative included, "Very often at night there is only one carer, when there is supposed to be two. When I ask what is happening they say someone is coming - but no one comes. When the staff come they are upset, they are used to be in pairs and they are alone, they blame [the registered manager] for not booking the carer as he owes them money. Every single carer says they owe them money."
- The staff also gave us feedback concerning the deployment of staff. Whilst some staff told us they received rotas in advance, the majority said that changes were made at the last minute and they were asked to cover shifts with short notice, often meaning they could not carry out the work or were late. Some of their comments included, "I often wait an hour before the second carer comes", "Last week they gave me a rota but they changed it yesterday, I kept calling the manager but I could not get an answer", "You do not get any breaks in a 12 hour shift", "The agency will keep pestering you to do a shift which you have said you cannot", "The agency does not have enough carers so a lot of the time the family member is the second carer" and "On numerous occasions one staff has been sent on shift who is inexperienced, because the other staff has not been paid so they refuse to come." The electronic monitoring schedule showed that for two people using the service, the second named care worker was regularly their relatives, who were not employed by the agency.
- Following receipt of the draft inspection report, the registered manager told us that the recent staff survey did not identify any issues with late payment of staff. The registered manager also told us, "We do not have

difficulty covering shifts."

- The healthcare professional we spoke with told us that the person whose care they commissioned had been supported by around 36 different care workers as the agency had not been able to retain the staff they had recruited. Following receipt of the draft inspection report, the registered manager stated this was not true.
- The provider shared an audit of the service which had been undertaken on 8 April 2019 with us. This stated, "The company mentioned just enough staff to meet the needs of the clients that it currently has. However, this is not the case so perhaps better to get the processes right or to make sure all your current staff are fully trained before you take new clients."

The above constitutes a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person who used the service and one relative told us that the care workers usually arrived on time and, if they were late, they stayed extra time. They said they were notified if care workers were running late.

Using medicines safely

- The provider did not always ensure medicines were managed safely. The registered manager told us the administration records had been completed but they had not collected these from people's homes. They informed us that they had done this following our inspection visit. However, failure to monitor these records on a regular basis meant that they could not assure themselves that people had received medicines safely and as prescribed.
- The provider's policy and procedure for administering medicines stated, "The MAR (medicines administration chart) is individual to the clients and a formal record of the administration within the care setting. It is important that it is clear, accurate and up to date."
- At the beginning of our inspection visit, the registered manager informed us that two people were administered medicines by Yes Care Limited staff. The care records for these people included a 'medication support' document. This stated that, "Full care with medicines will be given [by Yes Care Limited staff]." There were no records of medicines administration for these people available at the service. People were prescribed some topical medicines. There was no information about where these should be applied or any risks, precautions relating to the use of these in their care records.
- The daily care notes for a third person included reference to the administration of medicines and the application of medicated cream. The staff members had also recorded that they had picked up prescriptions for the pharmacy for the person. This had not been planned for, assessed or recorded as part of the care plans. There were no administration records in respect of this.
- The medicines risk assessment for one person had not been completed. The staff had recorded some of the times they had administered medicines in the person's logs of care. However, there was no administration record to detail medicines administration and no record of the medicines the person had been prescribed or any side effects or risks relating to these.
- One member of staff who contacted CQC in response to the inspection, told us that they had been asked

to administer medicines to a fourth person, but they had not been trained to do this. The responsibility for administering this person's medicines had not been clearly recorded

- There was no evidence of medicines training in four of the five staff files we viewed. The fifth member of staff had evidence of on line theoretical training. There were no records to show that staff competencies at administering medicines had been assessed. The provider's spreadsheet listing information about staff recorded that only 10 of the 37 care staff had undertaken medicines training.
- The provider's policy and procedure for medicines included, "Education and training will include both theoretical and practical skills. Yes Care Limited will ensure staff have a review of their knowledge, skills and competency in relation to managing and administration of medicines." The procedure also stated, "The registered manager will need to demonstrate they have put in place appropriate quality systems to record and monitor the effectiveness of their medication arrangements, these will include a list of staff who have received training and when, records of the initials of staff who will record medicines and regular auditing of MAR." This procedure was not being followed. Therefore, the provider was unable to demonstrate the safe management of medicines.

The above constitutes a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The provider's processes for investigating accidents and incidents were not always being followed. For example, a care log dated, 9 April 2019 stated, "[Staff] noticed [person] had a lump on [their] back and a red mark scratch on [their] back of neck and upper back. Informed the nurse." There were no other records in respect of this, such as an accident form, there was no evidence that the provider had investigated how the person had sustained the injury or reported this to the local safeguarding authority as an unexplained injury.

This was a further breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did not keep a record of adverse events and incidents or their response to these so it was not clear whether any learning from these had taken place.

Preventing and controlling infection

- There were effective processes for managing the control of infection. The staff told us they were supplied with protective equipment, such as gloves, aprons and shoe covers. They said these were available when they needed them. Where care plans were in place, these included information about maintaining good hygiene when supporting people.

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

Inadequate: □ There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

Staff support: induction, training, skills and experience

- The provider did not ensure that staff received the induction and training they needed. They did not assess their skills or competencies and as a result some staff did not have the right skills to care for people. Following the receipt of the draft inspection report, the registered manager told us that they "could not evidence that staff had received supervision due to the fact that electronic records could not be retrieved."
- Three of the four people whose care plans we looked at had multiple needs, which included the use of medical devices and complex needs associated with multiple healthcare conditions. The registered manager told us that others who used the service also had multiple needs. There was no evidence to show that the staff were competent and skilled enough to meet these people's needs.
- Three people whose care records we looked at had a tracheostomy (an artificial opening into the windpipe) which they required support and care to manage. The registered manager sent us evidence to show that staff had received training about the management of a tracheostomy. However, the certificates of training stated, "This certificate is not evidence of competency and does not equate to the individual being tracheostomy trained. Further competencies and sign off must be completed by employers." There was no evidence that any staff had their competencies assessed although records showed that at least 17 different care workers had provided care and support for one person since February 2019. There was also no recorded training or competency assessment in the use of Percutaneous endoscopic gastrostomy [PEG], a device which passes food and fluids directly to the person's stomach, or catheter care. All three people also used these devices. The healthcare professional who we spoke with about one person told us, "The nursing staff have raised concerns about the skills and competency of the care workers from the agency."
- With the exception of the certificates of tracheostomy training, which had been provided by a hospital medical team, we did not see any evidence of practical training for the staff provided by the agency. One member of staff, whose file we looked at, had undertaken a range of online training in some subjects. But there was no record to show that the others had completed this.
- Some of the staff had undertaken training with other employers. They had provided evidence of this, but this was not always sufficient. For example, one member of staff supplied evidence of training undertaken in 2010 with a previous employer. However, this had expired. There was no evidence of any training supplied since or by the provider.

- Where other staff had claimed to have qualifications, the provider had not always obtained evidence of these. For example, one member of staff recorded on their Curriculum vitae (CV) a number of qualifications and completed training course. The provider had not requested evidence of these nor was there any evidence on the staff member's records. The provider had not supplied any training for this member of staff and the schedule of required training on their record stated that they had not completed any of this. There was a certificate which had been created by the provider stating the person had completed their care certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. However, this was dated the day before the staff member had applied for the job.
- One member of staff completed an application form which indicated that they had no past experience working with adults but had worked in child care for 10 months. They did not record any previous qualifications or training. There was no evidence they had undertaken an induction. The provider had created a certificate stating they had undertaken the Care Certificate the day after they had submitted their application for the job. There was no evidence of competency checks, spot checks or supervisions. The member of staff had not had an appraisal but had been working with Yes Care Limited for over one year.
- There was no evidence of an induction for new members of staff. The registered manager told us that new staff shadowed experienced workers for three days before working alone or as part of the allocated care package. Some staff confirmed this, whilst others said this had not been the case. There was no assessment of their skills or competency or of the staff they were shadowing. There was no record of this part of their induction. There were no skills tests or observations by the management team to see how the staff members performed. The registered manager told us that there were records to demonstrate this but these had been lost following a recent loss of data.
- This was confirmed by the staff who we spoke with. They told us they had not received any induction. They had not been supervised and they had not had their work assessed. Furthermore, they told us they did not always receive information about people's needs or any risks associated with their care in advance. They told us that information at people's homes about their needs varied in quality. One member of staff commented, "Started on the first day, no training, no induction, nothing. I had never met the client before and I did not know anything about [their] needs when I was asked to go to care for them." Other comments included, "No, I have never had training, I have used the training I learnt in a previous job" and "I have never had an induction to the job. I shadowed for one shift, the day after that they put me on a normal shift."
- The provider did not regularly assess the staff competencies or meet with them to discuss their roles. The registered manager told us that individual meetings had taken place, but records of these had been lost. However, the majority of staff told us that they had not been assessed in this way and had not had opportunities to meet with managers. Some of their comments included, "When I am working with a service user no manager or senior staff has ever carried out a spot check or any assessment", "I do not feel supported by this agency, they do not answer the phone if I need to speak with them", "No spot check has ever been carried out, we complained about [working conditions] but nothing was done" and "The manager does not meet with us, any concern we have we are told to speak to the other staff, if we complain to the manager he goes back and tells the [people using the service's] families what we have said."
- There were no recorded team meetings with the exception of a meeting in September 2017, which took place before the regulated activity of personal care was being delivered.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

- Following the receipt of the draft inspection report, the registered manager told us that they had started to assess staff competency in the use of tracheostomies. They also told us that staff had undertaken practical moving and handling training.
- Some of the staff we spoke with told us they felt supported. They told us they had received some guidance regarding individual people's needs, particularly from the care coordinator who they felt had supported them. Their comments included, "The care coordinator came in person to instruct us, she showed us the care that should be given and how to go about things, she interviews the clients and spent two hours there, then went over their needs with us", "The district nurses are spot checking us all the time, it would be pointless for the agency to waste their money checking us too", "I shadowed for about a week, I did some training as mine ran out", "I haven't had supervision, but I can ring the manager when things are not right and chat to him", "I had shadowing with one of the office workers and the family" and "I went into the office to meet the manager, they asked, 'are you happy with your clients and do you have enough hours?'"
- The provider was converting a room at the agency offices into a training room. They told us they had sourced an external trainer who would provide the training for staff. They were in the process of purchasing equipment which could be used for practical training, such as how to use a hoist.
- The staff were issued with a handbook outlining the role and some of the policies and procedures of the agency. They were also given access to online policies and procedures. The registered manager told us they used an online training provider and would book staff on this training if it was due. The registered manager told us the majority of staff had qualifications and experience from previous employers.

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

- The provider had not always assessed people's needs to make sure they could receive effective care and treatment. There was no evidence of an assessment by the provider for one person. Their care notes included an assessment written by the Clinical Commissioning Group in 2017, two years before the agency started providing support to the person. This identified a number of risks and needs. There were no assessments or plans relating to these created by the provider. For example, the assessment identified the person had anxiety, did not like any delays when trying to access the toilet, disliked wearing continence aids and liked to go out and be active. None of the records within the care file indicated whether these were still relevant and there were no plans for these or regarding other needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had undertaken a detailed assessment of one person's needs, and basic assessments of the other two people's needs. These assessments included information about how they wished to be cared for and risks associated with their care. The assessments had been used to develop a care plan. The relative of two people had been involved in creating the assessment, their views were incorporated.

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

One person's care records stated they received all food, fluid and medicines via a PEG tube. Their "nutritional and hydration care plan" included the actions, "Care staff to be trained using [type of] feeding

machine." There was no evidence the staff supporting this person had received this training. There were no records of training or competency checks. The plan also stated, "Staff should be aware of whether to increase fluids as required or otherwise, give as protocol." There was no evidence of a protocol or instructions about how much fluids the person should be offered. The plan also stated the person was at risk of gaining or losing weight. However, there was no record of the person's current weight so that this could be monitored.

This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had not always taken enough action to make sure people remained healthy and had the support they needed. For example, one person was living with diabetes (a condition affecting their blood sugar levels). There was no care plan or risk assessment relating to this health condition. There was no guidance for staff or evidence that the staff had undertaken training in relation to diabetes or the risks associated with this condition.

This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, another person who lived with diabetes, used a tracheostomy, PEG tube and catheter had a more detailed plan. There was information about the risks associated with these conditions and the person's needs. There were also details about other healthcare professionals and their roles, who to contact if something went wrong and specific detailed guidance for the staff to care for the person.

- The relative of one person told us that they had found the agency had supported them to access healthcare services. They said that the care coordinator had given them advice and support, as had the care workers who visited. They told us, "[Care worker] has been really good at giving me tips about what to say to the GP to make sure we get what [person] needs."

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that this was not always the case.

- One person's care records included minutes of a meeting to discuss their discharge from hospital, held a few weeks before our inspection. The assessment stated, "[Person] has fluctuating capacity." The person's views had not been recorded in respect of their care. A document provided by the registered manager following receipt of the draft inspection report stated that this person did not have capacity. Therefore, the

information was inconsistently recorded.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person had the mental capacity to consent to their care and treatment. Whilst the provider had not obtained signed agreement to the care plan, they had recorded the person's agreement. Furthermore, it was clear the person had been involved in the development of this. The daily care notes for this person also showed they had made choices and consented to their care at each visit.
- A 'compliance assessment' carried out by the provider from March 2019 had identified a need for improvements regarding how people's mental capacity was assessed and recorded.

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The staff did not always treat people in a respectful manner. They also recorded their interventions with people in a way which was disrespectful. The provider had not responded to or addressed this with the staff concerned.
- For example, the daily care notes contained comments made by staff which were disrespectful towards people using the service. Some of these included, 'Asked [person] numerous times is there anything else I can do for [them]. [They] just started complaining about anything and everything', 'whilst [Person] moaned about me', 'tried to help [person] but [they] threw [their] normal tantrum when not getting [their] own way and wouldn't listen and complained', '[Person's] attitude towards me and other staff is disgusting', '[Person] moaned about everyone as per usual', 'Wiped sweat all evening', 'In between this continually wiping sweat off from all over [person's] body' and 'I tell her she is wrong for doing it.'
- A document entitled, 'My overview of my experience working with [person]' was electronically stored in one person's care records. The document was not dated, and it was not clear who had written this. However, the document contained a number of negative opinions about the person expressed by the author. These included the comments that the person was "constantly complaining", "In general [person] is never satisfied with anything", "You are damned if you do and damned if you don't" and "You cannot win with [person] ever." There was no further explanation of the document. There was no evidence the provider had spoken with the staff about why they had written this and no investigation into the attitude of the member of staff who had written such derogatory comments about the person they were employed to care for.
- The relative of one person told us, "Most of the time, the staff talk with each other and ignore [person]. [Person] cannot talk but [they] can hear and understand body language, but they ignore [them]."

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The relative of another person told us that they and the person being cared for had good relationships with their care workers. They said, "They all get on well with [person] and make [person] smile, they just get on with it and ask what they can do to help."

- One person who used the service told us that some staff supported the person to be independent and to do things for themselves.

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

- One person who used the service was able to verbally express their views and make decisions about their care. This was recorded in their care plan, and they had been involved in the development of this. Care notes written by staff showed that the person had made decisions daily about their care. The person confirmed this and said that they were asked for their views and that the staff supported them the way they asked.

Ensuring people are well treated and supported; equality and diversity

- The registered manager told us that two people using the service could not speak English and had limited understanding of English. They told us that they were actively trying to recruit staff who could communicate in these people's first languages.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider did not always plan for or meet people's needs and preferences. For example, one person had multiple needs, including medical needs, the use of medical devices and they received 24 hours' care from the agency. There was no care plan for this person to describe their overall care needs or how these should be met. Their care file contained a nutritional care plan, a risk assessment regarding behaviour that challenged the staff, a Clinical Commissioning Group assessment from 2017, a medicines assessment and a skin care regime. There was no information about meeting the person's social, emotional needs or wellbeing. The information within the documents was sometimes inaccurate and did not give enough detail for the staff to be able to care for this person. For example, two documents referred to the needs of a different person. The person required assistance with continence aids, there were no plans relating to this or guidance about the frequency these should be changed or whether the person was able to also access the toilet with support.
- The person's 'skin care regime' stated that staff should follow physiotherapy guidelines. There was no record of these guidelines. The document also stated the 'care staff to undertake a skin assessment, post bath, body wash, shower or pad change.' There were no records to show that these assessments had been undertaken. Furthermore, the document stated, 'care staff should be aware of skin regime and apply creams as protocol.' There were no details about this regime or where creams should be applied on the person's body.
- There were no logs of care regarding this person or records to describe interventions by the staff. The provider told us that these were in situ at the person's current location. However, there was no evidence the provider had audited these to make sure care was being given appropriately.
- The relative of one person raised concerns about the care provided to the person. They said that the staff did not always follow the guidance to ensure the person stayed safe and well. They also told us that information about another person was recorded in the copy of the care plan they had.
- The provider's procedures for the use of medical devices stated that, "staff are competent and confident in their knowledge and working practices", "medical devices must only be used by trained staff who have received training on the products and are competent in their use" and "training requirements and competency assessments should be identified by the registered manager." There was no evidence of training regarding some medical devices used by three different people. The training regarding another medical device was theoretical and did not include competency assessments. One member of staff told me, "At first, I was scared because [person] was using a trachy [the person had a tracheostomy] and I was scared

[they] could die, the provider did not show me what to do but I was working with my friend so they showed me." This was insufficient to ensure the member of staff was competent at using the device safely, therefore people were not receiving personalised care because the staff did not have the skills or knowledge necessary.

- The provider's catheter care policy and procedure stated that, "All clients requiring a catheter or already have an indwelling catheter will be risk assessed and have an individual plan of care prepared" and "staff who are responsible for care and support for clients with a catheter will have the skills, knowledge, expertise and competence to practice safely." Not all people with a catheter had these plans and there was no record of staff training or competency to use these safely.

- We saw logs for one person which included details about physical interventions, administration of medicines and repositioning. However, the most recent logs the provider had collected to audit were from 31 January 2019. This meant they had not assessed and reviewed whether the person was receiving care as planned.

- There was a care plan in respect of one person which described a list of tasks the staff would need to be involved in. These included some tasks where more detail was needed but not provided. For example, '[Staff to] massage in the morning and apply cream to back.' There was no information to describe the type of massage or evidence that staff had been trained to apply this technique. There was no information or body map to describe where the 'cream' should be applied, what this was for or any risks associated with this.

- The care records for another person also included two assessments and plans for two different people. One described the nutritional needs of a different person and the other was an assessment relating to behaviour which challenged the staff and was not relevant to this person's needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had created and developed a detailed care plan regarding one person's needs. This included information about their physical and emotional needs. The person used different medical devices and there were guidelines about how staff should support the person with these. The plan included some personalised information. The information had been reviewed and updated. The care plan was sufficient to ensure that care staff knew how to care for this person and meet their needs.

- Another person's care plan was a basic summary of their needs and a list of tasks the staff needed to perform. These were not specific, but the record stated the person could decide what they wanted to do and ask the staff at each visit. The plan also stated that the daily tasks changed from day to day depending on the person's requirements.

- One person's daily care notes were entered electronically onto the provider's computer data base. The registered manager told us that they were introducing a system where this would be the case for all service users, so they could monitor these records in real time and therefore be able to resolve any concerns.

Improving care quality in response to complaints or concerns

- The provider did not always operate an effective process for identifying, handling and responding to complaints.

- The relative of one person told us that when they raised a concern with the registered manager about the performance of some staff, they responded by saying that, "The staff are not intelligent people and need an idiot's guide." The relative explained that when they had requested specific staff did not return for care visits the staff had returned and told the relative, "[Registered manager] told us you do not want us here so why should we do anything for [person]." There was no record of this concern or any investigation into this.

- On 11 March 2019, the provider received a review regarding a member of staff stating, "[Staff member] is verbal and vocal, always disclosing information to the carers and serious breaches of confidentiality." We looked at this staff member's records and the records of the person who made the comment. There was no evidence this comment was investigated further or that any action was taken in respect of this.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People using the service and their relatives were able to view the provider's complaints procedure within the service user guide they were provided with. The provider's 'compliance assessment' from March 2019 identified that the record of complaints needed to be held in one central file so the information could be analysed and audited.

End of life care and support

- No one was receiving end of life care at the time of the inspection. There were no care plans relating to this or records of people's wishes, needs or preferences.

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

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others; Working in partnership with others

- Feedback from people using the service, relatives and staff about the quality of the service varied. One relative told us, "I have not got one good thing to say about this agency, the carers do not do what they are supposed to, they do not turn up on time and the carers are moaning all the time." However, another relative said, "This is our first experience of care and it is going very well." This was because some people were receiving care from kind, professional and considerate individual staff who tried their best to meet people's needs despite the failures of the management team and the provider's governance arrangements. The provider did not implement any systems for checking the quality of the service, and therefore, poor practice had not been addressed meaning that some people were at risk of receiving unsafe and inappropriate care and support.
- The majority of staff told us they were not happy working for the agency. Their comments included, "The worst agency I've ever come across. Worst I've ever seen, [registered manager] talks to you rudely, he talks to you like a maid", "[Registered manager] started to bully me and shouted at me", "If there is an emergency, if a client falls, [registered manager] will never answer his phone, if he does he says, 'why are you disturbing me?"; "The owner is not organised, he will send another carer to cover a shift so one of us has to go home", "How did the company even start up?", "I wouldn't recommend this company to my enemy" and "The manager is very unprofessional, he does not listen to the employees"
- Since Yes Care started operating CQC has received a number of concerns from staff employed by the agency. These staff have stated that there are insufficient recruitment checks, support or training for staff. They also have reported that they have not been paid for the work they have undertaken. There have been three employment tribunals which have found in favour of staff who have not been paid by the agency. Furthermore, this was raised as an issue by four of the staff who we spoke with as part of this inspection, one person who used the service and the relative of another person. Comments we received included, "The staff come to work upset, they say [the provider] owes everyone money, every single carer who comes says they are owed money", "[The provider] is not paying them properly, so a lot have quit and left because he has not paid them on time", "The manager refused to pay staff unless we lied to him or get angry", "The agency needs to improve by learning how to communicate and pay staff on time" and "If I'm having an issue with him for payment he will not pay you. He needs to go for a management course, he should treat everyone

equally. He treated me like a dog, after he booked me for a shift."

- Following receipt of the draft inspection report, the registered manager told us that issues raised by staff had been rectified and that staff not correctly completing time sheets 'slowed down payments.'
- The provider had failed to comply with a number of their own policies and procedures. We found them in breach of multiple Regulations of the Health and Social Care Act 2008. These included failures to assess risks, safeguard people from abuse, ensure that enough suitable staff were deployed to meet people's needs, carry out thorough recruitment checks on staff, support and train staff, plan and deliver personalised care and support, respond to complaints and treat people with dignity and respect. Therefore, the provider's systems and processes designed to monitor the quality of the service and risks were not being operated effectively. As a result, people were receiving a poor standard of care which placed them at risk of harm.

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

- The provider had failed to notify the Care Quality Commission in line with the regulatory requirements to do so. During the inspection visit, the registered manager told us that on 5 March 2019, they had lost a large amount of records from their computer system. These included confidential personal information. They told us that the records included staff supervisions, references and care plan reviews. The registered manager told us that the information had not been retrieved. The provider had not notified us of this event. The general manager told us the information had been stored on their computer and they did not have a record of the contents or a register of the information which had been lost. Following the inspection visit, the provider's quality manager told us the data was not lost but that a staff member who had left had changed the password to access this and not told the company. This constituted a significant breach of data protection because the information could be accessed remotely by the ex-employee. The provider had a policy on 'data protection and security.' The policy stated that, "Yes Care Limited understands that it may need to report breaches to the ICO (Information Commissioner's Office) and to affected Data Subjects." They had not done this.
- Following receipt of the draft inspection report, the registered manager told us, "The data is not lost as [service provider] have told us this could be retrieved. In addition, the issue about the ex-employee is incorrect as their user name has been deactivated upon leaving the service making it impossible for them to access the system."
- Through our discussions with people who use the service, we were informed that on one occasion during 2018, the agency staff were responsible for looking after the person's children whilst on a holiday abroad. One of the children had become separated from them and was lost for three hours before being safely found. The person had reported this to the registered manager. However, they had failed to notify us of this event or the action they had taken following this. The registered manager explained there had been no safeguarding alerts since the service started operating, therefore they had also failed to notify the safeguarding authority about this incident. Furthermore, the provider is not registered to provide care and support to children.
- The provider's address which they used for business correspondence and as recorded on their statement of purpose was not the same as the registered address for the provider. Registered providers are required to notify us if their head office address changes. They had not done this.

The above evidence shows a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009

- The relative of one person said, "We are really grateful for the carers and look forward to their visits, looking after [person] was hard for me, the carers have really helped."
- Some of the staff we spoke with told us they felt supported by the agency and liked working for them. Their comments included, "We have contact available for us 24 hours a day, they pick up the phone so fast, they are amazing, excellent and supportive", "I think the company is efficient, friendly, caring and they give you [staff] choice", "They have your back, I was in a house where the family weren't really nice, I phoned the manager and he put me somewhere else the following week, he was looking out for me", "You are valued, they go above and beyond and they intervene, amazing company."
- Following the inspection visit, the provider sent us information to tell us they were taking action to address some of the concerns from our initial feedback these included collecting and auditing logs of visits and medicines records and drafting an action plan which outlined which team member had responsibility to make which improvements. They had also employed a quality assurance officer to lead the improvements.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission in accordance with this Regulation Regulation 18

The enforcement action we took:

We have cancelled the registered manager's registration so that they can no longer provide the regulated activity of personal care at this location.

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure the care and treatment of service users was appropriate, met their needs or reflected their preferences. Regulation 9(1)

The enforcement action we took:

We have cancelled the registered manager's registration so that they can no longer provide the regulated activity of personal care at this location.

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person did not ensure that service users were treated with dignity and respect. Regulation 10

The enforcement action we took:

We have cancelled the registered manager's registration so that they can no longer provide the regulated activity of personal care at this location.

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that care and treatment was provided in a safe way for service users. Regulation 12(1)

The enforcement action we took:

We have cancelled the registered manager's registration so that they can no longer provide the regulated activity of personal care at this location.

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not always protect service users from abuse and improper treatment Regulation 13

The enforcement action we took:

We have cancelled the registered manager's registration so that they can no longer provide the regulated activity of personal care at this location.

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered person did not ensure that complaints were investigated and proportionate action taken in response to any failure identified by the complaint or investigation. Regulation 16

The enforcement action we took:

We have cancelled the registered manager's registration so that they can no longer provide the regulated activity of personal care at this location.

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
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Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person did not establish or effectively operate systems and processes to assess, monitor or improve the quality of the service or identify, assess and mitigate risks.

Regulation 17(1)

The enforcement action we took:

We have cancelled the registered manager's registration so that they can no longer provide the regulated activity of personal care at this location.

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet service users' needs and keep them safe.</p> <p>Regulation 18</p>

The enforcement action we took:

We have cancelled the registered manager's registration so that they can no longer provide the regulated activity of personal care at this location.

We have imposed conditions on the provider's registration.