1st Class Care Agency Ltd

YES Care Services

Inspection report

K1 Pilkington Court
Sinclair Way, Prescot Business Park
Prescot
L34 1QG

Tel: 03300021350
Website: www.yes-care.co.uk

Date of inspection visit:
15 February 2021
24 February 2021

Date of publication:
30 March 2021

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
YES Care Services is a domiciliary care service that provides support and personal care to people in their own homes. Not everyone who used the service received personal care. 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 200 people were receiving support with personal care.

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

Risks to people's health, safety and welfare were not assessed, monitored and managed. This put people at risk of unsafe care. Risk assessments had not been fully completed and carried out in response to people's changing needs.

People told us staff failed to follow safe infection prevention and control measures putting people at risk of infection. Staff were provided with the right personal protective equipment but failed to use it correctly.

Safe recruitment processes were not followed. The required checks were not carried out for staff employed in order to assess their fitness and suitability to work with people using the service.

Staff did not attend visits to people's home at the right times and stay for a sufficient duration of the planned visit. This impacted on the quality of care people received.

Medicines were not safely managed. Medication administration records (MARs) were not signed to show people had received their medicines as prescribed and they were not updated to reflect changes to people's medicines. There was a failure by the registered manager to ensure safe systems for the management of medicines.

The provider and registered manager failed to have oversight of the systems in place to ensure people received safe and effective care. They failed to identify and mitigate the risks we found during the inspection. The failure to monitor visit times led to people not always receiving person centred care with good outcomes. Some people were not provided with information about the level of care and support the service was required to provide and their views about the service were not always obtained.

The provider and registered manager took immediate action during and after the inspection to make improvements. They are also working closely with the relevant local authorities who are monitoring and supporting the service.

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

Rating at last inspection
The last rating for this service was good (published 21 January 2020).
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for YES Care Services ' our website at www.cqc.org.uk.

Why we inspected
CQC received information about an incident which indicated concerns about people's safety and the management of the service. This inspection examined those risks. Please see full details in the individual sections of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to risk management, the management of medicines, safeguarding, staffing and recruitment and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 well-led?

Inadequate

The service was not 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
The inspection team included an inspector and an inspection manager.

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 announced the inspection visit at the office an hour before our arrival. This was because we wanted to be sure somebody would be available in the office to support the inspection.

Inspection activity started on 15 February 2021 and ended on 24 February 2021. We visited the office location on 15 February 2021.

What we did before the inspection
We reviewed all the information we held about the service since it registered with the Commission. We also obtained information about the service from the local authority and local safeguarding teams.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection
We spoke with 10 people who used the service and 10 family members about their experience of the care provided. We also spoke with the registered manager, deputy manager and 10 care staff.

We reviewed a range of records. This included 12 people's care records including medication records. We looked at recruitment records for five staff employed since the last inspection.

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

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- Risks to people's health, safety and welfare were not assessed and managed. Risk assessments had not been completed for aspects of people's care which it was known presented risk. These included risks associated with helping people to move safely, risk of falling, skin integrity and people's health conditions such as diabetes and epilepsy.
- When risk assessments had been completed, there were many examples where risk had been identified and there was no risk management plan in place for staff to follow; for them to minimise the risk of harm to the person.
- Care plans had not been updated to reflect changes in people's care which presented new risks. For example, four people's care plans had not been changed to reflect changes in their mobility and the moving and handling equipment they needed.
- Staff had not received training in topics specific to risks associated with people's needs; including epilepsy and diabetes. A family member told us they felt staff did not fully understand the risks to their relative living with diabetes.
- It was difficult for us to assess how and if lessons had been learnt following accidents and incidents as accident and incident audits were only introduced in December 2020. The audit for January 2021 recorded one incident, however it lacked information about learning.
- People and family members told us staff were often late attending visits. One person told us, "Staff have often been over an hour late." A family member told us their relative often received late visits which impacted on their health and wellbeing. They told us their relative has diabetes and need staff to prepare their meals at set times.
- Staff did not stay for a sufficient amount of the planned visit time. People and family members told us, "They [staff] should be here for half an hour, often it's only five or ten minutes" and "They [staff] rush in and out, if [relative] is asleep they don't stay even though there's other things for them to do for [relative]."

Preventing and controlling infection;

- We were not assured that the provider had ensured that personal protective equipment (PPE) was being used safely.
- The provider maintained a good supply of appropriate PPE which was distributed to staff as and when they needed it.
- Staff however did not always use personal protective equipment (PPE) in a safe way. Three family members told us staff did not always wear face masks correctly and did not always wear disposable aprons and gloves when assisting their relative with personal care.

We found no evidence that people had been harmed. However, the provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● Safe recruitment processes were not followed to assess each applicant's fitness and suitability to work with vulnerable people.
● The required safe recruitment checks on staff and their background were not always carried out before they commenced work at the service.
● Risk assessments were not carried out for two staff whose DBS checks recorded a history of criminal convictions.

The provider failed to ensure safe recruitment processes were followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse;
● People were not fully protected from the risk of abuse and neglect.
● The providers electronic system automatically raises an alert when medication records are not signed by care staff to show medicines have been administered. Senior staff who were responsible for monitoring alerts failed to report omissions of medication to the registered manager therefore they were not acted upon putting people at risk of harm.
● The providers monitoring system failed to identify unsafe recruitment of staff putting people at risk of harm.

The provider failed to ensure safeguarding processes were followed placing people at risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us they felt safe with staff and that they treated them well. Their comments included, "They [staff] are all very nice, they are kind to me," "I've no complaints about the way they [staff] treat me" and "I'd tell someone if I was unhappy about the way I was treated." Family members told us they were confident that their relatives were treated well and kept safe.

Using medicines safely
● Medicines were not always safely managed.
● One person's medication administration record (MAR) had not been signed by staff on two consecutive weeks to show they had applied a prescribed weekly pain patch. After the inspection site visit the registered manager confirmed that the person did have their pain patch applied at the right times however staff had failed to complete the persons MAR to reflect this.
● Another person's MAR had not been signed to show they received their prescribed medicines and there was no explanation showing a reason for this.
● Changes in one person's prescribed medication was unclear on their MAR which may lead to a person receiving incorrect medicine.
● The registered manager had failed to ensure the system for responding to medication concerns was used safely.

The provider failed to monitor and ensure that medication was recorded and used safely. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to mitigate risks to people in relation to assessing and managing risk, staffing and recruitment, prevention and controlling infection, management of medication and safeguarding.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Risks to people's health and safety were not always identified and mitigated. There were systems and processes for checking on the quality and safety of the service, however they were not used effectively.
- Managers and staff with responsibilities for checking on areas of the service failed to identify and respond to concerns highlighted on this inspection such as the monitoring and management of risk, safeguarding concerns, staff recruitment and poor record keeping.
- There was a lack of scrutiny by the registered manager and provider to ensure that the systems for assessing and monitoring the quality and safety of the service were fully implemented.
- Records in respect of people using the service were not always accurate, complete and kept up to date. Visit records did not always correspond with the actual visit times. Risk assessments and other care records were not fully completed and updated to reflect changes in people's needs.
- The required records for staff employed were not obtained. The registered manager lacked confidence around the process for the safe recruitment of staff resulting in the required checks and risk assessments not being carried out.
- There provider failed to follow their own policies and procedures to ensure people received effective and high-quality care. This included recruitment, assessing and managing risk and quality assurance policies and procedures.

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

- The provider and registered manager did not plan, promote or ensure people received person centred and high-quality care. Good outcomes for people were not achieved; because they were not effectively recorded, monitored and promoted.
- Managers failed to monitor visit times to people's homes. This impacted on the quality of care people received.
- Managers and staff did not effectively communicate with people and family members. Some told us they were contacted regularly to check on how things were, however, others told us they received little communication from the service. Comments included, "They [staff] carry out the odd spot check," "Communication is not often enough" and "There is very little communication from the office."
- People were not provided with information about their visit times and when visits were running late. One person told us they were unsure of the times and length of their visits and another person told us "They have

been well over an hour late and no one called me to let me know."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- A culture of openness and honesty was not encouraged and promoted due to the providers and registered managers lack of oversight of the service. Things that had gone wrong had been overlooked, therefore learning did not take place.
- There was a lack of partnership working with people and family members. They were not provided with appropriate information about the service provision or consulted about the quality of the service provided.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective systems for checking on the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure safeguarding processes were followed placing people at risk of abuse.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure safe recruitment processes were followed.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to demonstrate effective oversight of the quality and safety of the service.

The enforcement action we took:

Served a Warning Notice for Regulation 17 - Good governance.