

Monarch INC. Limited

Yanah Care

Inspection report

15 Tannin Crescent
Bulwell
Nottingham
NG6 8PX

Date of inspection visit:
19 January 2022

Date of publication:
10 March 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Yanah Care is a domiciliary care agency, providing personal care to people living in their own homes. There were two people receiving personal care at the time of the inspection.

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.

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

Risks were not effectively assessed and mitigated. Care plans and risk assessments had not been reviewed or updated regularly as people's needs had changed.

Medicines were not managed or monitored effectively. Records for medicines were not useful and could not identify if medicines had been given or who had given them.

Staff were not always recruited safely. There were several documents missing from the recruitment and selection process to check if staff were suitable to work at the service.

There was no effective management oversight throughout the service. The provider told us that he welcomed any advice on improvement. The provider did listen to advice from the feedback throughout the inspection and began to make changes and source help and support going forwards.

Care planning required more detail and although people told us that they had been involved in care planning, none of the documents confirmed this.

Staff had enough personal protective equipment and people told us that staff were frequently washing their hands and cleaning surfaces.

Staff were kind and caring and went over and above when they could see that people required further assistance.

People were encouraged to give feedback on the service and the provider made changes from feedback received.

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

Rating at last inspection

This service was registered with us on 27 May 2021 and this was the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the location the service was delivering services in, staffing and management oversight. A decision was made for us to inspect and examine those risks. Due to this being the first inspection, a decision was made to carry out a comprehensive inspection.

Enforcement and Recommendations.

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 and will take further action if needed.

We have identified breaches in relation safe care and treatment, safeguarding, fit and proper person's and good governance.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider and work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect. The provider is not currently delivering a service to people and they will be making improvements to enable them to manage and monitor the service more effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led.

Details are in our Well-Led findings below.

Yanah Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity took place on 19 January 2022.

What we did before the inspection

We reviewed information we had received about the service since it first registered with the CQC. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with the provider and the compliance manager.

We reviewed a range of records. This included relevant parts of two people's care records and medication records. We looked at three 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. We received feedback from two staff members and one external professional who had contact with the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other information the provider sent to us. We spoke with two staff members, one person who used the service and a health professional.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always administered and managed safely.
- Medicine administration records (MAR) lacked detail. There were written entries of the medicine and the dose, but these were not signed by two members of staff. The records were not always initialled by staff who had given the medication and there was no place to record if a dose was not given or was refused and the reason why. This posed a risk of harm to people not receiving the correct medicine on time.
- On some of the records there was no space for staff to record if the medication had been given, this posed a risk to people not getting medicine or receiving too much medicine.
- It was not clear if all staff had received effective training in medication or been assessed as competent.

The failure to effectively manage and monitor medicines was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's individual risks were assessed by the provider. However, the risk assessments were not robust enough to consider how risk could be mitigated. The provider told us that they were making improvements to assess and monitor risk.
- The provider did carry out some monitoring of how care was being delivered, however, the provider agreed that this was difficult with the service not being delivered where the location was registered. Delivering services in Durham whilst based in Nottingham.
- There was a system in place for staff to visually check items of equipment based in people's homes and risks to the environment. We could not see where staff had received training to enable them to effectively check equipment or how to recognise when an item was faulty.
- The provider acknowledged that there were improvements to be made and was proactive in obtaining feedback and learning lessons from incidents and complaints. However, a more formal process of recording this was required.

Systems and processes to safeguard people from the risk of abuse

- People were not always kept safe from abuse and avoidable harm.
- One professional told us there were concerns regarding moving and handling practices which put people at risk of avoidable harm. It requires two staff to use a hoist and on occasions one member of staff had been required to carry out this task, this put people at risk of injury.
- Staff told us that they had received training in safeguarding and knew how to spot the signs of abuse. We

saw from training records that staff had received training but there was no information on the type of training or date when training had taken place.

The failure to ensure that people were kept safe from abuse and avoidable harm was a Breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us that they knew how to spot the signs of abuse and that they would report any concerns.

Staffing and recruitment

- Staff were not always recruited safely. There were documents missing from the recruitment process including a second reference, interview notes and proof of address. We were told by the local authority that they had been unable to locate some staff criminal records checks. However, the staff files we looked at had disclosure and barring checks. The provider told us that the second reference had been obtained by telephone, however, there was no record that this had been carried out.

- We were unable to see how staff had been managed and supported in their role. Training records were poor and did not contain sufficient details to enable us to see what training had taken place, when it had taken place and if it was sufficiently robust and relevant to meet the needs of people that they were supporting.

The lack of robust records to ensure that staff had suitable recruitment checks in place before being employed and were suitably qualified, competent and experience was a breach of Regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider told us that they had enough personal protective equipment and that staff had been trained in infection control. However, we could see no evidence that staff had effectively been trained in infection prevention and control, personal protective equipment and COVID-19.

- One person told us that staff always wore personal protective equipment when delivering personal care.

We recommended the provider to seek support with recording and monitoring the service and we gave feedback during our inspection. People and staff told us that the service was good, and staff were well trained but there was no written evidence to support this. The provider told us that they would seek support and ensure improvements were made.

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 is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care and support was planned, however, support plans required further work to make them relevant and person centred.
- The provider gained consent from people and developed care plans in line with peoples' needs and choices. However, this needed to be reflected in the care planning and the documents were not signed or dated. The provider told us they would carry out further work in line with our recommendations.
- The provider monitored how care was delivered through a registered manager and care co-ordinators who were based close to where the service was being delivered. This helped to ensure it was in line with people's care plans and best practice.

Staff support: induction, training, skills and experience

- We could not see any information on the training matrix where training had been provided, there were no dates and no information on how the training had been delivered. However, staff told us they had received robust training and people told us that staff were knowledgeable and appeared to be well trained in their role.
- Supervision was not being carried out regularly or effectively. We did see one supervision record which was comprehensive. The provider told us that they would adopt this practise with other staff members.

Staff working with other agencies to provide consistent, effective, timely care

- We could not find evidence the staff worked with other agencies. However, we did speak to one healthcare professional who made regular visits to one person using the service. They told us "Care staff are very good and always go over and above and do whatever we ask."

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

- It was difficult to find any evidence that people were supported to live healthier lives. Care planning did not contain enough information to cover this aspect of care.

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 for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care plans included details of whether they had consented to care and treatment. However, we could not find any that had been signed and dated. The provider told us that this would be addressed after the inspection.
- At the time of our inspection there weren't any people using the service who lacked capacity.
Supporting people to eat and drink enough to maintain a balanced diet
- Staff supported people to prepare meals and drinks when they were required to, however people receiving support were independent with dietary requirements.
- It was not clear from the training matrix if all staff were up to date with food hygiene training.

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 for this newly registered service. 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 told us that they were supported by kind and caring staff who treated them well.
- One professional told us "They provide very person-centred care which is excellent."
- People's equality and diversity needs were identified by the provider as part of the initial assessment process. This information was then used to inform the person's care plan which was used by staff as a guide for how to support the person. However, they were not signed or dated or reviewed regularly. The provider told us that they would make the required improvements and ensure they were signed and dated and reviewed as needs changed.
- One professional told us "They always go the extra mile and go out of their way to make sure [name] is okay. They also ensure [name] has male carers which is their preference."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider had processes in place to obtain satisfaction survey feedback from people about the care they received. This needed further work and a response to people about how they used the feedback to make improvements.
- People told us that they could express their views to the provider, and he would act on the information and that staff and management were approachable.

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 for this newly registered service. This key question has been rated as requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was given to people when they started receiving support from the provider. The complaints required more information including how the issue had been resolved to the complainant's satisfaction. The provider told us that he would improve the system and management oversight for complaints.
- People, and their relatives, told us they knew how to give feedback to the provider about their experiences of care and support. One relative told us "Management listen and make sure that things are right, we have no qualms about phoning them."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and their families, were involved in developing their care plans. Their needs were identified, and their choices and preferences documented. However, care planning had not been regularly reviewed which meant that they may not be reflecting the current needs of people using the service.

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 provider confirmed they would be able to provide information and documents in various formats and alternative languages if required to meet people's communication needs. There had been no requirement to do so far, but the provider understood this must be made available if necessary.

End of life care and support

- There was no end of life care plans. We discussed this with the provider who told us that they would be updating all care planning and risk assessments and would also develop plans for end of life where people were happy to discuss their 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 for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers were not always clear about their roles and how to monitor or understand quality performance. Management lacked oversight of the service because they didn't have the checks in place to be able to assure themselves that people were delivering good quality, person centred care.
- The management team had not recognised concerns we identified. Issues around poor medicines management, poor recruitment processes, out of date training records, poor practice putting people at risk of harm.
- Management documents we saw lacked detail, there was information missing and none of the documents were signed or dated. It was not clear when information had been written or reviewed.
- We did not see evidence that management understood risk in a meaningful way. There was no evidence that the risk of some people's complex health conditions had been considered and action taken to mitigate such risks where it was possible for the service to do so.

The failure to ensure effective governance and leadership including failure to have clear and concise records in all areas to monitor and manage the service was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we were informed that the service was no longer providing care to people and documentation regarding staff employment records had been destroyed which is not in line with NHS retention guidance.

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

- The service was not always well-Led and did not promote a positive culture that was person-centred to achieve good outcomes for people. The provider and compliance manager took on board our recommendations and made plans for improvements to documents directly after the inspection. They acknowledged that they had required further support and guidance.
- There was no evidence of continuous learning and improving care, however, the management team demonstrated they were open to suggestions for improvements and acted swiftly to address any shortfalls in the service.
- The provider accepted that documents required more work to make them robust and fit for purpose. The provider and the compliance manager took notes throughout the inspection regarding improvements

required and updating information, dates and signatures.

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 provider did not always understand their responsibility to be open and honest when things went wrong.
- The provider had not always made the necessary notifications to the CQC, and other agencies, when relevant incidents had occurred. It is the provider's legal responsibility to notify the CQC about specific incidents; such as deaths, serious injuries, or allegations of potential abuse etc.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- One person that we spoke with told us that they had been engaged with and their opinion had been sought about their care. Feedback we received from people's relatives evidenced that. For example, a relative told us, "I have support from a different company but my [relative's] carers will do anything for me while they are here if I need them to."
- The provider told us that they took equality characteristics into consideration when delivering care to people and preparing care planning.

Working in partnership with others

- The provider told us they had established effective links with external professionals including healthcare specialists and GP's. However, we could not see written evidence at the time of our inspection. We did speak with one healthcare professional after our inspection who spoke positively about the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to have effective systems and processes in place to ensure care and treatment was provided in a safe way to people. This placed people at increased risk of harm and was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure effective systems and processes were in place to protect people from abuse and improper treatment. This placed people at increased risk of harm and 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.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure effective systems and processes were in place to assess, monitor and improve the quality and safety of the services provided to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated</p>

Activities) Regulations 2014.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider failed to ensure that staff were recruited safely and had received induction and training to meet the needs of people receiving support.