

YESUK Care and Support Services Ltd

YESUK Office

Inspection report

17 Lindum Place
St. Albans
AL3 4JJ

Tel: 01923443923

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

YES UK Office is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there was 2 people using the service.

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, 1 person was supported with the regulated activity of personal care.

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

The provider's processes to monitor the safety and quality of the service were not effective.

The person's record did not contain all the information staff needed to provide safe care and there was a risk there may not always be enough staff at night. The registered manager had not ensured staff were always recruited safely. Staff reported incidents and the service's infection control measures were effective.

The person was not always supported to have maximum choice and control of their life and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The registered manager had not ensured all staff received training and competency assessments. Staff were not trained in end-of-life care and there was no information about the person's wishes in their records. The service worked with other professionals; there was limited documentation of their input.

The person's relatives were happy with the care provided. Staff promoted the person's independence. The person was supported with activities of interest to them, and staff involved them with aspects of daily living. The person's care plan included details of their communication needs.

The person's relatives spoke positively about the leadership of the service and the care people received from staff. They felt comfortable raising concerns. Staff felt supported by their manager and colleagues.

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 5 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to risk assessment, consent and governance and made recommendations related to recruitment and end of life care.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement



Is the service caring?

The service was caring.

Details are in our caring findings below.

Good



Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good



Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement



YESUK Office

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we needed to be sure the provider or registered manager would be available to support the inspection.

Inspection activity started on 5 December 2023 and ended on 12 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We gained feedback from 2 relatives of the person who used the service about their experience of the care provided. We spoke with 3 members of staff including the registered manager and care workers. We received feedback from 2 staff via email. We reviewed a range of records. This included 1 person's care plan and medication record. We looked at 2 staff files in relation to recruitment and a variety of records relating to the management of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with the person's relative and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- The person's risk assessments did not contain enough guidance for staff to mitigate the risks identified. The registered manager could not demonstrate professional input for specific needs or staff training. This meant we could not be assured staff were caring for the person safely while meeting their needs.
- The person's care record contained conflicting information relating to the care required and staff available on the rota at night. We queried this with the registered manager, but they were unable to demonstrate instructions were clear for staff about care during the night.

Information about risks to the person did not always include enough detail and rotas were not always planned to keep the person safe. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person received support from a small staff team who knew them well. Whilst some of the risk assessments did not include enough guidance, we reviewed a detailed protocol for a condition the person had which described action for staff to take; staff we spoke with were able to describe this. A professional told us, "The team of carers have remained consistent, promoting continuity of care and were very knowledgeable of the service user's needs and had developed a trusting rapport."
- Following the inspection, we saw an assessment from another professional. The registered manager confirmed with them the information was current and told us it was displayed for staff to refer to.

Staffing and recruitment

- The registered manager had not ensured people were always recruited safely in line with their policy. We reviewed 2 staff recruitment files and found 1 only had 1 reference and 1 did not have a full employment history or Disclosure and Barring Service (DBS) update. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Following the inspection, the registered manager provided an additional reference, DBS update and an explanation for the gap in employment history.

We recommend the registered manager ensures they follow their recruitment policy.

- The service had enough staff to meet the person's needs during the day. There were 2 staff in the morning and evening. If a second staff member was needed at other times, staff would contact the registered manager and another member of staff would attend. A member of staff said, "We have enough staff so far, I'm happy to work in our small, dedicated team."

- The registered manager provided out of hours on-call support and attended the person's home when needed. A member of staff told us, "I call the manager. Yes, once, or twice [manager] has come."

Using medicines safely

- The registered manager had not always ensured staff received medicines training prior to starting work and there was no timeframe for completion of medicines competency assessments. However, staff we spoke with were able to describe what they would do if medicines were refused, or errors occurred.
- The service had no protocols for PRN medicines, which are medicines taken as and when required, and some had set times on the Medicines Administration Record (MAR). However, staff were able to tell us what PRN medicines were administered and when.
- The person received their medicines as prescribed. Their relatives gave positive feedback about how the person's medicines were managed.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy. This did not include contact details for safeguarding referrals to be sent to. The registered manager told us they had a contact they would go to with concerns.
- Staff received training in safeguarding and were able to describe types of abuse. They told us they would report their concerns. A member of staff said, "If there is a case of neglect, family abusing the resident I am taking care of I will raise it. If there is financial abuse, I will raise it."

Preventing and controlling infection

- We were somewhat assured the provider's infection prevention and control policy was up to date. There was a separate policy with guidance related to COVID-19 and whilst this was not due for review until February 2024, the guidance was not current.
- We were assured the provider was promoting safety through the hygiene practices.
- We were assured the provider was using PPE effectively and safely

Learning lessons when things go wrong

- Staff had completed forms when incidents occurred. We saw some examples which had been reviewed by the registered manager.
- Staff were unable to give any examples of recent incidents but told us they were updated at staff handover. A member of staff told us, "There is a communication book and I read the handover. The day person hands over any concerns to me, and I sign that I have read it also."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

- The person's care record did not include any mental capacity assessments. It was not clear how the registered manager determined when a mental capacity assessment was needed. Following the inspection, we saw a mental capacity assessment. However, this was not decision specific and was several years old.
- The service's consent policy made no reference to the mental capacity act. It described gaining consent from an advocate where a person lacked capacity. An advocate is a person who can provide independent support with decision making; they do not have the authority to make decisions for a person. This meant they were not meeting legal requirements to assess the person's mental capacity to make particular decisions.

Consent had not been obtained in line with legislation and guidance. This was a breach of regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The registered manager had not always ensured new staff completed mandatory training prior to starting work. There was an induction checklist which included training and reading policies, but 2 staff recruited recently had been lone working prior to completion of training. However, the registered manager told us they held the train the trainer qualification and had completed shifts with new starters. A member of staff said, "I had to shadow [registered manager] and they taught me how to do it." Another member of staff told

us, "When starting at YESUK I was given thorough training and shadowing to be able to do my job safely. I have online trainings in place which [registered manager] is asking me to do it every year."

- Staff had not all received practical face to face training in moving and handling and competency assessments were not completed. We queried this with the registered manager who advised they observed staff frequently in the home but there was no documented evidence of this. However, a professional who had visited the person's home told us, "The carer and [registered manager] who were present at the time of this review were able to show competence and knowledge when I assessed in February."

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

- Staff supported the person with meal planning, shopping and preparation. Their care plan described their food preferences and needs. This included a detailed list of their likes and how they needed to be positioned for safety.

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

- The registered manager did not have clear documentation of input from other professionals. For example, we were told a dietician had regular involvement, but we did not see any records to confirm any guidance or changes in support needs. Following the inspection, we saw evidence of information from other professionals.

- Staff were able to contact other services as required. A professional told us, "They had the contact numbers of both the district nurses and GP should they require additional support from health care professionals."

- The registered manager told us they supported the person to attend routine appointments, such as the dentist, as required.

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

- The registered manager completed an assessment of the person's needs prior to starting care. This included their physical and mental health needs as well as protected characteristics under the Equality Act 2010.

- The person's care plans, and risk assessments were reviewed by the registered manager every 3 months.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- The person's relative was happy with the care provided.
- Professionals who worked with the person gave positive feedback on the care provided. A professional told us, "The care staff talked to the individual while they delivered care." Another professional said, "The care workers are very supportive and caring. So much so that I have to say they are the best caregivers I have encountered."
- The person's protected characteristics under the Equality Act 2010 were recorded to ensure the service met their individual lifestyle choices effectively.

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

- The person's care plan included guidance for staff to involve them in decisions. This included putting phone calls on speaker to ensure the person was involved in conversations about them and reading them their post.

Respecting and promoting people's privacy, dignity and independence

- The person's care plan included ways for staff to promote their independence. We were given examples which included encouraging the person to take food out of the fridge and turn on the blender.
- Staff encouraged the person's involvement with food shopping. This included picking items up in the supermarket.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good: This meant people's needs were met through good organisation and delivery.

End of life care and support

- The person's record did not include any information about their wishes at the end of their life. It was not clear what the process was for ensuring wishes were documented and reviewed or how these were linked to their care and support needs.

We recommend the registered manager supports the person to include their end of life wishes in their care plan.

- Staff had not received training in end-of-life care. At the time of the inspection, no one required end of life care.

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

- The registered manager had completed a personalised care plan with guidance for staff on how to support the person in line with their needs and preferences. This included information on their physical, mental health and sensory needs.
- The person's care plan was reviewed every 3 months by the registered manager. There was little evidence of the person or their family's involvement with these. The registered manager told us the person's care was stable and not much changed. However, there was an annual review attended by everyone involved in the person's care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person's care plan contained communication guidance for staff. This included allowing time and encouragement for them to respond. It also described the use of a card and blinking to indicate yes or no.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported the person to participate in activities of interest to them.
- The person had a weekly planner which included regular appointments and shopping as well as their

planned activities. A professional told us, "They do encourage [person] to go out daily."

Improving care quality in response to complaints or concerns

- The service had received 4 complaints at the time of the inspection. These had been reviewed by the registered manager. The complaint log could have been clearer to show action taken and the outcome.
- The person's relative knew how to make a complaint.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager did not have effective processes to monitor the quality of the service. Audits were not completed regularly, and it was unclear from those we reviewed what had been checked to reach the conclusions made. The registered manager told us they read the daily logs and fluid charts, but we saw no evidence to show anything identified from this.
- The registered manager did not have full oversight of incidents at the service. We were originally told there had been none, then received several forms completed by staff. These had been reviewed by the manager but had not been collated anywhere for analysis to identify any themes and trends.
- The registered manager tended to monitor the service informally. They told us they visited the service frequently and observed staff but there was limited documented evidence of this. Not all staff completed mandatory training before starting work and competency assessments were not completed.
- The service's policies did not always contain current guidance. Whilst some other professionals visited the service, there was no independent oversight of the service to identify improvements.

The provider's systems and processes to monitor the quality and safety of the service were not always effective. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- Staff did not attend team meetings. The registered manager was in the person's home a few times a week. They told us, "I am with the team 3-4 times per week, so all issues are raised and communicated immediately. I have the communication book, handover checklist, and we have 10 minutes allocated between each shift so any issues can be communicated by staff through the handover form."
- The registered manager told us a survey was issued to families annually. We saw the results of 1 received at the time of the inspection; the relative had no concerns and felt well informed.

Working in partnership with others; Continuous learning and improving care

- Professionals gave positive feedback about communication with the service. A professional told us, "[Registered manager] keeps in regular contact with me should they require any support regarding the care package and sends me relevant health related updates."

- The registered manager did not intend to expand the service. There were no plans to develop the service.

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

- Staff we spoke with felt supported by the manager. They described positive working relationships, and no one raised any concerns. A member of staff said, "I felt always very understood and supported by [registered manager]." Another staff member told us, "We have a nice team of workers."
- The person received support from a team who knew them well. Staff were confident they achieved positive outcomes for the person. A member of staff said, "Our service user receives excellent care from us. They are treated with care and compassion." Their relatives confirmed this.

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 11 HSCA RA Regulations 2014 Need for consent Consent had not been obtained in line with legislation and guidance.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Information about risks to the person did not always include enough detail and rotas were not always planned to keep the person safe.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes to monitor the quality and safety of the service were not always effective.