Stress Free Executives Ltd

Yowsun Care

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

Summary of findings

Overall summary

About the service
Yowsun Care is a domiciliary care agency providing personal care to people in their own home. At the time of the inspection there were four people using the service.

People's experience of using this service and what we found
The service was providing care to support people with complex needs when being discharged from hospital. The registered provider carried out an initial assessment, but these lacked sufficient detail to understand what care and support people needed. The registered provider did not have risk assessments in place which identified risks to people's safety and wellbeing.

People told us they had experienced a missed or a late visit, the registered manager did not have systems in place to monitor when a late or missed visit had occurred.

People were not always supported by staff who had the correct training and competency to meet their assessed needs. Systems were not in place to ensure staff would be appropriately supervised. The registered manager had failed to carry out recruitment checks to ensure that new employees were suitable to deliver care.

The registered provider did not have adequate control measures in place to reduce the spread of infection.

Not all staff had been given training to administer people's medicine. The registered manager could not demonstrate staff were competent to administer medicine.

The leadership of the service did not always support the delivery of high-quality, person-centred care. They had failed to ensure robust systems were in place to demonstrate staff were suitably recruited, had the correct training and were competent to carry out the role. The systems to monitor and check the quality of the service people received were ineffective because, they did not identify the issues we found.

Some people told us communication between themselves and the office was poor and needed to improve.

This inspection was in part triggered by information of concern received following a recent safeguarding incident. At the time of the inspection, the registered manager was working to improve certain areas of the service.

People were not always supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies in the service did not support this practice.

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 02 April 2020 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about the lack of safe recruitment checks and staff training and supervision. A decision was made for us to carry out a comprehensive inspection to examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end 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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing, fit and proper persons, and good governance. This is because some people did not always receive care in a safe and effective way, because staff were not always trained or competent to meet people's complex needs. Care plans and risk assessments were not always in place or did not reflect the care being delivered. Audits to make sure people received a good quality of care were either not in place or only new operated and did not identify the issues we found.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for 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 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 effective?

Inadequate

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Inadequate

The service was always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate

The service was 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.

Yowsun 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
This inspection was carried out by one inspector and two assistant inspectors.

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 registered manager was also the registered owner of the business. This means that when we have referred to the registered manager or the registered provider, that this is the same person.

Notice of inspection
This inspection was announced. We gave the service 48 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.

What we did before inspection
We reviewed information we had and we sought feedback from various local authorities and professionals who commission the service. We used all of this information to plan our inspection.

During the inspection
We spoke with three people and / or their relatives about their experience of the care provided. We also received feedback from three members of staff including the registered manager.

We viewed a limited number of key records as we were minimising our time at the service due to the current pandemic.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, training data and quality assurance records.

Inadequate

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- This service had been commissioned to support the local hospital to provide support for people who were being rapidly discharged.
- The registered provider had failed to carry out risk assessments which identified risks to people's safety and wellbeing. For example, one person needed two staff members to move and position them, and another person was COVID 19 positive, but risk assessments had not been carried out. Another person had been identified as having a risk of developing pressure ulcers. There was no guidance within the care plan, and staff were not monitoring the person for signs of skin deterioration. One staff member said, "No, the risk assessments are not always in the folders. I don't know where they are."
- When commissioners had identified that a person had mobility issues or needed hoisting, there was a lack of detailed information to be able to understand how and when staff should use equipment. Moving and handling assessments had not been carried out.
- Some people had been discharged from hospital with COVID 19. The registered provider had not undertaken a risk assessment to consider the potential risks to staff when they were being sent to provide personal care.

Using medicines safely

- Not all staff had been given medicine training. One staff member said, "Yes, I administer prescribed medicine. The medicine chart is in clients house and we only give what's on the chart. I have not had training from Yowsun Care." The registered manager had failed to carry out assessments to ensure staff were competent to administer medicine.
- The registered provider used the commissioners information as the care plan. This meant that there was conflicting information and it was not clear about what elements of care the registered provider was responsible for. For example, the Commissioner's information stated that one person needed lots of different medicine at different times, but the medication audit, said that the service was only supporting the person with topical creams.
- The registered manager had carried out a medicine audit on one person's medicines administration charts (MARS). After the inspection we shared our concerns with the Commissioner.

- People experienced missed or late visits, which meant they had not always received care that met their assessed needs.
- The registered provider did not record or monitor when this had occurred. A person's relative said, "We raised concerns with the company as they kept not turning up for [Name] in the morning, but nothing happened about it. The company started off good but then it all went to pot after a week. They kept not turning up and didn't even bother to tell us that they weren't coming."

Preventing and controlling infection

● Before the inspection, we received information of concern indicating that the registered provider was not allowing staff to self-isolate when they were showing COVID 19 symptoms.

● We found the registered provider had failed to carry out individual risk assessments on staff who were supporting people who had tested COVID 19 positive. This meant that the registered provider had not consider their duty of care and had not assessed the potential risk of infection posed to staff. They had not considered ways those risks could be reduced.

● Some staff had been given infection prevention control training, and others had not. No staff had been provided with COVID19 training. After the inspection, the registered manager told us this had been booked.

● One staff member said they had to reuse PPE. They said, "I remember that if we saw the same COVID patient we were told to reuse the PPE. When we refused, we were told we were not allowed to refuse to reuse the same equipment. Many of us raised this as a concern. The registered manager said, we were not allowed to refuse unless we had a letter from the NHS. We had no choice."

● One relative told us staff personal hygiene needed to improve. They said, "The personal hygiene is questionable, one of the staff has dirty finger nails."

The registered manager had failed to robustly assess and mitigate the risks relating to the health safety and welfare of people. 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

● The registered provider had failed to carry out recruitment checks on potential employees. The registered provider had either not carried out a DBS check before they started work or had not carried out a risk assessment if they were using the DBS carried out by another provider. A DBS check is a record of a person's criminal convictions and cautions, and adult social care providers should carry out a background check of potential employees.

● One staff member said, "Communication is poor. There are a couple of staff working with non-valid DBS checks. They are either old or out of date."

As the registered provider had failed to ensure that recruitment procedures were operated effectively this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19: Fit and proper persons employed

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● We received mixed feedback when we asked if people felt safe with staff. Some people were satisfied, whilst others had opted to receive care from an alternative service provider.

● Some staff had been given safeguarding training and some had not. One staff member said, "I verbally covered safeguarding with my manager, but I am not sure about the policy."

● The local authority had recently visited the service and made some suggestions for improvements. At the time of the inspection the registered manager told us they were making improvements to the service.

Inadequate

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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience
- Some staff had received a one-day company induction, but this didn't progress on to the care certificate. The care certificate is an industry standard and takes around 12 weeks to complete.
- Staff had not been given the training they needed to support people's complex needs effectively.
- According to people's needs all staff providing support should have had, as a minimum requirement, training in the following subjects; COVID 19, infection prevention and control, medicine, pressure care, nutritional care including dysphagia, and practical moving and handling training.

The provider had not taken the required action to ensure they had a competent and skilled workforce to meet the needs of the business and the requirements of the regulations. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some staff were relatively new to the company so had not been given a supervision session yet.

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.

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.
- Care plans were not in place and signed consent had not always been retained. There was a lack of information about people's day to day decision making ability.
- There was a lack of evidence that staff had completed training in the MCA and DOL's.

Because the registered provider could provide evidence that people's consent had been obtained, this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Some people's needs had not always been assessed. This meant the registered manager could not assure themselves that they were providing care, treatment and support delivered in line with legislation.
- The registered manager had not always carried out an initial assessment and had delegated this task to a

junior member of the team, who did not have the correct skills and training, to carry out the task correctly. The initial assessments for two people was of a poor quality and lacked sufficient detail.

● One staff member told us they had completed initial assessments but had not been trained to carry out the task. "I haven't received any training from Yowsun Care in how to assess. You just get given a bunch of sheets to fill out, not the risk assessment ones, just daily logs and charts, nothing major. Risk assessments would have been down to the coordinator, or the registered manager, but the registered manager rarely comes out in to the community, because she doesn't want to come out."

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

● The care plans provided by the commissioner, contained some information about how to support people to eat and drink. However, because of the lack of records, it was unclear if the staff were supporting people with their nutrition and hydration. This meant we could not be assured that people would be supported to eat and drink in line with their assessed needs.

● Staff had not always recorded the tasks that had been completed after they had provided care. One relative said, "Yesterday the notes were not very legible and stated they had brushed [Names] hair, which they had not."

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

● The registered manager told us most of the people they supported had either died or were quickly transferred back to hospital. This was because they had taken on care packages for people who was very unwell.

● There was a lack of records so we could not be assured that staff worked effectively with health and social care professionals to promote people's health and wellbeing if this was needed.

Inadequate

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 inadequate. This meant people were not treated with compassion and there were breaches of dignity; staff caring attitudes had significant shortfalls.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People using the service told us changes would be made without consultation. Other people told us staff may turn up at their house, who they didn't know was coming or had never met.
- Some people raised concerns at having lots of different care staff and explained that this meant that staff did not always know their likes, dislikes and personal preferences.
- Some people told us they had not always been treated in a dignified way. One relative said, "One time when the carers did get here, they left [Name] in the bathroom for half an hour. It has been resolved now. When [Name] went into hospital, we asked for another care company."
- Some people did not feel staff acted professionally. One relative said, "I wouldn't leave [Name] alone with the staff. They haven't invoked confidence. They are young and was awful. There has been a huge amount of staff changes. It is extremely unorganised. This is all so new for me and we don't feel very reassured."
- People did not have personalised care plans in place.

The registered provider had not always treated people in a respectful and dignified way, this was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 Dignity and respect.

Inadequate

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 inadequate. This meant services were not planned or delivered in ways that met people's needs..

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

- The registered manager had failed to carry out timely care planning, which considered the health, safety and welfare of service users.
- The registered manager used the care plan provided from the CCG as the main care plan. Whilst this contained detailed information, it wasn't reflective of the tasks staff were undertaking. One person's relative said they had never seen a care plan. They said, "We have no idea what they were supposed to do as we never saw a care plan." We asked this relative if they felt confident that staff knew how to care for their relative, and they said, "I don't think they do."

Meeting people's communication needs

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

- The service had not fully implemented the Accessible Information Standard and the information in some of the records lacked detail relating to the information and communication needs of people with a disability or sensory loss. For example, the referral information for one person had specific guidance about how this person communicated, but this had not been explored further, communication cares plans had not been carried out.

End of life care and support

- At the time of the inspection, the registered provider said they were providing end of life care to two people, but there was no end of life care plans. After the inspection, the register manager said she had now added them to these care plans.
- Most staff had not been trained in end of life care.

People did not receive appropriate person-centred care and treatment that was based on an assessment of their needs and preferences. This is a breach of Regulation 9: Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, the registered provider told us they were urgently reviewing people's care plans.

Improving care quality in response to complaints or concerns

- The registered manager said they had not received any complaints about the service. This conflicted with

the information that some relatives told us. One relative said they had complained about the service, and that it had mostly been resolved. The register manager either had withheld this information or had not recorded the complaint or what action they had taken as a result.

● A complaint had been investigated after some staff had complained of bullying. The records did not contain detailed information, and it was unclear what action had been taken by the registered manager in response.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The information we received from staff indicated that the systems in place for identifying, capturing and managing organisational risks and issues were not effective.
- We acknowledge the pandemic has posed a unique set of challenges and circumstances to providers, meaning that the traditional ways of monitoring the service, such as, spot checks could not always be carried out. However, we found that the governance and monitoring systems in place were not effective. There was a lack of robust monitoring systems to mitigate the risk relating to the health and safety of people.
- Some audits were in place. For example, one medicine audit, and one service user questionnaire had been carried out.
- The registered provider had a medicine administration policy in place, but it did not cover all aspects of the care being delivered.
- The registered manager had failed to ensure risk assessments and care plans reflected the care being given.
- When things had gone wrong there was no evidence the registered manager had learned and made improvements to the service.
- The records held at the service contained inconsistent information and were unorganised. This unorganised approach had transferred to care delivery. One relative said, "It is unorganised massively. I feel bad for others that might not have anyone looking over them."
- Before the inspection, the local authority had completed a safeguarding investigation. The registered manager said they had recommended five areas for improvement. There was no evidence at this inspection that improvements had been made. There was little or no evidence of learning, reflective practice and service improvement.
- The registered providers governance policy states; We will ensure an effective plan that allows a consistent approach to quality improvement and monitoring. Action plans were not in place. One staff member said, "The people and the staff that I have worked with are brilliant, but the company is not run well."

The registered provider had failed to establish effective systems to ensure the service was delivered in line with the requirements of the regulations. The service did not have an effective quality assurance system from which issues could be identified and rectified to evidence continuous improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

● People's relatives told us communication between themselves and the office needed to improve. One relative said, "There has been a huge amount of staff changes. It is extremely unorganised. This is all so new for me and we don't feel very reassured."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● When things had gone wrong or complaints had been raised there was little evidence this information had been used to learn and improve the service or that improvements had been made.

● The registered manager told us she carried out phone calls to people to find out if they were receiving a good service but did not record when these had taken place. We asked people's relatives if they had been asked for feedback. One relative said, "We have not had anyone contact us to as for our views."

● Some staff had reported issues of bullying and discrimination. One staff member said, " I am getting harassed bullied and humiliated by two members of staff. I reported this to the registered manager, but they have not taken it seriously or done anything about it."

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 9 HSCA RA Regulations 2014 Person-centred care People did not receive appropriate person-centred care and treatment that was based on an assessment of their needs and preferences.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered provider had not always treated people in a respectful and dignified way,

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not always retained people's signed consent within the care plan.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager had failed to robustly assess and mitigate the risks relating to the health safety and welfare of people.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The registered provider had failed to establish effective systems to ensure the service was delivered in line with the requirements of the regulations. The service did not have an effective quality assurance system from which issues could be identified and rectified to evidence continuous improvement.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed As the registered provider had failed to ensure that recruitment procedures were operated effectively.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not taken the required action to ensure they had a competent and skilled workforce to meet the needs of the business and the requirements of the regulations.

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 registered provider had failed to establish effective systems to ensure the service was delivered in line with the requirements of the regulations. The service did not have an effective quality assurance system from which issues could be identified and rectified to evidence continuous improvement.

The enforcement action we took:

Warning notice served.