

1st Class Care Agency Ltd

Yes Care Services - Liverpool

Inspection report

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20 February 2023

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Ratings

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

Summary of findings

Overall summary

About the service

Yes Care Services - Liverpool is a domiciliary care agency providing care to people living in their own homes. At the time of our inspection the service was supporting 164 people with personal care. Some of the people supported had a learning disability or autism.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were 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 and systems in the service supported this practice. People were supported to eat, and drink where needed, and staff were trained, supervised and appraised in line with the policy of the organisation.

Right Care:

Care was person centred however we have made a recommendation to the provider as the information within some care plans needed to be more detailed around choices, preferences and to fully mitigate risks. Although we identified some improvements care plans did focus on privacy and dignity, people's equality and diverse needs were consistently promoted.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People were supported to maintain good health, were supported with their medicines and had accessed healthcare services when needed. Where assessed, staff prepared food and drink to meet people's dietary needs and requirements.

People told us they felt safe receiving care from Yes Care Services - Liverpool. Comments included, "The staff are outstanding" and "I cannot praise them enough.". People confirmed they received their medications and calls on time. Staff knew how to report safeguarding concerns and staff were recruited safely.

Staff treated people with kindness, compassion and dignity. People confirmed they were involved in choices

and decisions regarding their care and support. We received some feedback regarding a person being embarrassed due to staff being young, and said they preferred older care staff which were sometimes not available.

There were audits and quality checks in place, complete with action plans. The registered manager understood their role and responsibilities and had reported all notifiable incidents to CQC.

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 10 November 2021 and this is the first inspection.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led section below.

Good ●

Yes Care Services - Liverpool

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 2 Expert by Experiences who made phone calls to people in their homes. An Expert by Experience is a person who has personal experience of using this type of service.

Service and service type

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

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection, and consent was obtained for us to make phone calls to people during and following our inspection.

Inspection activity started on 9 February 2023 and ended on 20 February 2023. We made phone calls to people in their homes on 10 February 2023 and visited the office location on 9 February 2023.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since it registered with us. We used all this information to plan our inspection.

During the inspection

We spoke with 17 people about their experience of care by telephone. We also spoke with the registered manager and gathered information from 5 members of staff.

We looked at 7 people's care records and a selection of other records including quality monitoring records, recruitment and training records for 5 staff members. We have also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We sought clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medication processes and systems were in place to ensure people received their medications safely.
- When people needed medication as and when required, often referred to as PRN medication, there was a separate plan in place to guide staff.
- Medication was stored in a designated area of the person's choice. If people chose not to self-administer their medicines, these were stored securely.

Staffing and recruitment

- Staff recruitment procedures were safely managed and all required pre-employment checks were completed.
- Staff said their call times were evenly spaced, and they did not have to 'cram calls in'.
- Rotas were developed using the Electronic Call Monitoring [ECM] system and staff were expected to 'log in and out' of their calls. This reduced the risk of staff missing calls.
- There were enough staff in post to provide a safe and consistent service, however, some people fed back they did not always feel there was enough staff and the service 'could do with more.' We fed this back to the registered manager who told us recruitment had been a challenge, however this was now improving.
- Staff said they had clear communication from the coordinators if any changes were made to their rotas in advance, however some people who used the service told us communication was sometimes an issue. One person said, "The office never call me about being late." Another person told us the on call system at the weekend was not always working. We discussed this feedback with the registered manager after our inspection and they agreed to look into this and take action.

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

- People were protected from the risk of abuse.
- Safeguarding referrals had been made by the registered manager when required and investigated where appropriate. Outcomes were shared and learning was implemented as a result of safeguarding investigations and there were clear processes in place to ensure lessons were learnt following accidents and incidents.
- Staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse.

Assessing risk, safety monitoring and management

- The registered manager had concise, detailed and clear risk assessments in place for each person.
- Overall people told us they felt safe using the service.

- Each person's care plan had an environmental risk assessment which had been completed at their homes before the care staff attended. This focused on risks in the environment, such as smoking, poor lighting and flooring.

Preventing and controlling infection

- Infection control procedures were well managed.
- Staff had received training around COVID-19 as well as additional preventing and controlling infection training.
- People told us staff wore appropriate PPE when carrying out personal care duties and followed good hand washing techniques to minimise the spread of infection.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care records contained detailed information about the level of support they needed with food and drink preparation.
- This support varied from staff making people snacks and sandwiches, to helping them plan and prepare more complex meals in line with their dietary requirements.
- For example, we saw how some people were prescribed thickener in their drinks. We saw detailed guidance in care plans with regards to how staff should prepare people's drinks to the correct consistency.

Staff support: induction, training, skills and experience

- Staff had completed training courses to enable them to fulfil their roles effectively.
- The completion of training was monitored by the registered manager.
- Most of the people we spoke with confirmed the staff had good skills, knowledge and experience.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one subject to restrictions on their liberty. The provider demonstrated they knew how to assess people's capacity if they lacked capacity to make certain decisions.
- Capacity assessments had been undertaken as part of the assessment process and this was documented in people's care plans, including what choices they could make, and where they required additional

support.

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

- People's needs and choices were well assessed, and their support preferences were reflected in the records we viewed.

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

- People were supported by staff to access healthcare services and seek out support if they needed it.
- People told us staff would always offer to come back to see them or call their relative if they did not feel well during a visit. One person said, "They are outstanding, they help with my children too."
- People's care records showed staff had contacted district nurses, occupational therapists or GP's on people's behalf when they felt unwell or required further advice and support.

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; Respecting and promoting people's privacy, dignity and independence

- Care plans reflected people's choices and their diverse needs.
- People made the following comments about the caring nature of the staff. One relative said, "I have nothing but praise of them, [family member] has vascular dementia, with a touch of Alzheimer's. They are so respectful and understanding, I cannot praise them enough." Another relative said "They are kind and caring." One person told us "Yes they are all very kind and do everything I need." Another person described staff as, "Very compassionate and respectful."
- Care plans were written in a way which focused on promoting people's dignity and independence. Some people however, did say they felt embarrassed due to some staff being young and inexperienced. One relative said "[Family member] feels very embarrassed to have such young girls looking after him." They did however also state they had raised this with the office.
- There was an emphasis on the choice of words within care plans, such as 'ask', 'involve' and 'respect' to ensure staff supported people in a dignified way.

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

- People had signed their own care plans where they were able to, most people told us they had been involved in the completion of their care plan. For some people, family members had signed on their behalf if they were legally allowed to do so.

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 requires improvement. This meant people's needs were not always met.

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

- We received mixed responses with regards to people's experiences of a personalised service.
- Some relatives felt the service did not always do some basic tasks for people, such as wiping around the kitchen, throwing out of date food away, or tending to their family members care needs properly. One person said, "The mess they [care staff] leave in the kitchen is disgusting and I just don't think they think about what they are doing or have the time to do anything properly." However other relatives we spoke with said staff were clean and tidy. One relative said the following, "We always leave the wipes and they clean round the side – if I can't get up here, they clean the floor and wash the dishes." Someone else said, "The girls are immaculate they do everything to help me – they are good girls."
- Some care plans lacked detail in certain areas and we could not always be sure care was personalised. For example, one person's care plan around diabetes did not contain information around how the person presents when they were experiencing hypoglycaemia or a 'hypo' which can occur if blood sugars fall too low. Another person who requires food to be pureed, was not always consistently having this documented in their food charts. Therefore, we could not be sure food was being served in which met their specific requirements.

We recommend the provider seeks guidance from a reputable source and updates their processes accordingly.

We shared this feedback with the registered manager at the end of the inspection. They assured us they would take action and completed some quality assurance phone calls with people and their families to check on the quality of the service being delivered.

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.

- Information, such as the service user guide, was available in different formats to support people's understanding.

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

- People were supported to contact their relatives and friends if this was something they wanted to do.
- Some people were supported to access the community with staff. One person went to their local church.

Improving care quality in response to complaints or concerns

- Most people we spoke with said they did not have any concerns. However, others told us they had made some complaints to the office, and therefore the service was now better. One person said "We have persevered and I've had to do a lot of complaining but now we have some fantastic care givers and it seems to be better."
- Out of the people we spoke with, 6 said they would recommend Yes Care Services - Liverpool, 1 person was not sure, and 3 said they would not. Comments included "Yes I would – (recommend)They are friendly they know who you are talking about and they are right on it."

We shared some of feedback with the registered manager after the inspection who agreed to undertake further quality checks in this area and address any shortfalls.

End of life care and support

- There was no one on end of life care during the inspection. However, staff were trained in end of life care to support someone's changing need.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers were clear about their roles and responsibilities.
- Incidents and accidents had been promptly reported to CQC when required, and the incident log showed that remedial action was taken to help mitigate re-occurrence and how learning had been implemented across the service.

Continuous learning and improving care

- The registered provider was committed to ongoing investment to achieve continuous improvement.
- A recent full audit of the service had identified the need for more robust ECM systems, so the service was in process of installing a different way for staff to register their attendance on their calls.
- The registered manager was receptive to our feedback during this inspection and has assured us they will continue to drive improvements.

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

- There were mixed responses with regards to the registered manager. Some people confirmed they knew who the registered manager was, and felt the service was well led. One person said, "I do speak to her now and then on the phone." Other people said no, however they said they call the office.
- All of the staff we spoke with said they liked working for Yes Care Services - Liverpool and it was an 'amazing place to work'. All staff said they 'loved their roles'.
- The service worked in partnership with social services, occupational therapists and positive behaviour specialist teams to ensure people's support needs were met.
- When referrals to other services were needed, such as the GP, we saw these referrals were made in a timely way.
- The registered manager and registered provider ensured people's views and opinions of the service and the support they received was sought and obtained.
- Inspections at other locations and past inspections had been used as a learning tool to share good practice and ideas.

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 understood their responsibility to share information with people using their service in an open and transparent manner.