

Your Life Care Solutions Limited

Your Life Care Solutions

Inspection report

The Mullions, Office 2
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14 December 2016

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 12 and 13 December 2016 and was announced.

Your Life Care Solutions is a supported living service which provides personal care to eighteen people in their own homes. The service comprises of four sites in the Colchester area.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe from the possible risk of harm. People's behavioural needs had been identified and appropriate measures were in place to help staff to manage any behaviour which might have a negative impact upon others. They were treated with dignity and respect and cared for by staff who knew and understood their needs. People and their relatives were involved in making decisions about their care and support, including choosing their menus. Their healthcare needs were assessed and the service worked closely with other professionals to ensure that people had the correct support to maintain their health and welfare. The provider had a safe system for the management and administration of medicines

People had their care needs assessed, reviewed and detailed in comprehensive and person-centred care plans. They were supported to pursue their social interests and hobbies and to participate in activities in and out of the service. There was a complaints policy in place to handle and resolve any complaints.

There were enough staff available to meet the needs of people using the service. All pre-employment checks were carried out by the provider to ensure that staff were recruited safely and were suitable for the post before commencing their role.

Staff had a comprehensive induction when they joined the service and received a variety of training which was relevant to their role. They showed understanding of the Mental Capacity Act 2005 (MCA) and sought consent from people before providing care. Staff were regularly supervised and had their performance appraised by management. The staff team knew and understood people's needs and had developed meaningful relationships with them. People were encouraged to work towards positive outcomes and objectives.

The service held residents meetings, sent satisfaction surveys and worked closely with other agencies involved in people's care to ensure that they were satisfied with the service received. There was a robust system for quality assurance in place which identified improvements that could be made across the service. Staff were positive about the management and culture of the service and felt they were supported to develop. The systems in place for ensuring compliance and the knowledge base of the manager helped drive continual improvement in important areas.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were trained in safeguarding and understood how to keep people safe from risk of harm.

The service had individualised risk assessments in place which assessed the ways in which staff could minimise any risks to people.

The service had sufficient numbers of trained staff deployed to ensure people's needs were met.

There were robust recruitment procedures in place to ensure that staff were employed safely to work in the service.

Medicines were managed and stored appropriately.

Is the service effective?

Good ●

The service was effective.

Staff received a wide range of specialised training to meet the needs of the people and received regular formal supervision and appraisals.

Staff understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People and their relatives were involved in the decisions about their care and were positive about the quality of the care and support provided.

People's privacy and dignity were observed and people were treated respectfully.

People's information was kept securely and confidentially maintained.

Is the service responsive?

Good ●

The service was responsive.

People had person-centred care plans in place which were regularly reviewed with the involvement of people and their relatives.

People pursued a range of interests and activities and were supported to meet objectives and goals.

There was a robust system in place for handling and acting upon complaints.

Is the service well-led?

Good ●

The service was well-led.

People and staff were positive about the skills and experience of the manager and felt they were supported to develop.

The service sought feedback and acted upon all concerns raised. There was a robust system in place for auditing the service to identify areas for development.

Your Life Care Solutions

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 December 2016 and was announced. We gave the provider 48 hours' notice of our inspection as the service provided care in a supported living environment and we needed to ensure they'd be available on the day and that people were happy for us to visit them in their homes. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed local authority inspection records and asked for feedback from nine professionals involved with the service.

During the inspection we spoke with three members of the care staff, the behaviour therapist and two care co-ordinators. We spoke with two people using the service and six of their relatives. We looked at two people's care plans and training, recruitment and induction records for six members of staff. We looked at records for medicine administration, team meetings, surveys and the way the provider monitored the quality of the service.

Is the service safe?

Our findings

We asked the two people we spoke with whether they felt safe and both responded "yes". A relative said, "[Relative] is very safe, they [the staff] are well aware of the conditions of [person] and they tell us about everything that happens." Another relative said, "Yes I do think that [person] is safe."

The service had a safeguarding policy in place which detailed which agencies could be contacted in case people were at risk, and staff were able to describe the steps they would take if they were concerned that a person might be at risk of harm. Staff were able to describe ways in which they kept people safe from avoidable harm. One member of staff said, "I'm always doing my own mental risk assessments and analysing the environment to look for anything that could impact on safety."

Risk assessments were in place to help staff to identify any potential risks to people's safety. These detailed the nature of the risk and measures that could be taken to minimise them. A member of staff told us they were effective for providing a consistent approach, saying "We've got risk assessments in place and the care plans help to set out the routines to follow to reduce anxieties and prevent escalation of behaviour. We've reduced the behaviours for several people because we're so consistent here. We pass information on to each other all the time so we're working on the same page." Risk assessments were in place for areas including medicines, the environment and communication.

If a person was at risk of demonstrating behaviour that could have a negative impact on themselves or others, there were very detailed protocols in place which listed the ways in which this could be displayed. This included the triggers, environments and circumstances that might have heightened the risk. Control measures were in place for each one which showed that the service had carefully considered each area of risk. Staff had completed a training course which encouraged them to use proactive support to identify triggers and reduce the possibility of incidents. One member of staff told us this had been successful. They said, "We've reduced a lot of risk by understanding people's needs and spotting the things that frustrated them or could be done to reduce their natural anxieties." Another member of staff said, "We deal with quite complex behaviours here but we manage it well. Some people come to us with substantial challenges that it takes time to overcome. But in all cases I think we've succeeded."

We looked through records of accidents and incidents that had occurred within the service. For each person an analysis of their behaviour over time had been created to analyse trends or patterns which were then used to identify ways of reducing these. For example we noted that for one person it had been highlighted that a particular behaviour was often being displayed in response to a specific trigger. To address this a behavioural support plan was created to identify ways in which this trigger could be avoided or mitigated as much as possible. This had subsequently led to a reduction in this type of behaviour being shown by the person.

Each incident was analysed by the service's internal behaviour therapist and updated with any remedial actions or outcomes as required. This included looking at which actions and approaches had worked what it meant for the person's care and support and how a similar situation could be avoided in future. We saw that

the service promoted a culture of learning from incidents by following up with staff in meetings and supervisions. Having a full-time behavioural therapist employed by the service demonstrated an innovative and proactive approach to people's safety and development. The therapist said, "Some of the people who come here have had big issues with behaviour in other settings. Here we're looking to get it right from the first assessment to the transition and beyond. We don't just plan for their care but ways that we can make their whole lives better."

Health and safety checks were undertaken regularly by the care staff to ensure that the environment was safe. There were risk assessments in place which identified any risks to the environment and detailed ways in which these could be managed. There was a personalised evacuation plan (PEEP) in place for people which detailed how they could be supported in the event of an emergency.

The people we spoke with responded "yes" when we asked if there were enough staff to keep them safe. A relative said, "[Person] has enough staff and always has 1:1 staff in the day and more when they're out." We looked at the rotas for the last two weeks and saw that staff were assigned to each person based on their assessed need. Extra staffing was made available if people required them. For example one person who needed extra support with a new activity was provided with three members of staff to enable the plan to be carried out safely. There was an on-call system in place so that the managers could respond if there were any emergencies. The service did not routinely use agency staff but if a need arose then a single member of staff was appointed on a short-term contract and received a full induction into the service. This meant that the staff were regular and consistent and understood the needs of the people.

Prospective staff were asked to complete an application form which tested their knowledge and experience in key areas such as team working, maintaining dignity and promoting choice. Each member of staff was asked to complete a health questionnaire and provide two employment references. We saw in each of the staff files we looked at that references had been received and verified. Each member of staff had completed a Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were specific medicine protocols in place to help staff to understand how to administer medicines safely. These also included details of the person's preferred times and methods of administration and their level of understanding around what they had to take. Details of the nature of each medicine and the reason it had been prescribed were also included in the protocols. This included a high level of detail in relation to the route of administration, after effects and when the medicine needed to be considered. Medication competency checks were undertaken for all staff which included an observation and tested their knowledge. This helped to ensure that staff did not administer medicines until they'd been assessed as competent to do so by a senior member of staff. We reviewed the records of medicine administration (MAR) and found that these were completed correctly with no unexplained gaps. A dedicated member of staff completed regular audits to ensure that stock levels were correct and that medicines were being given as prescribed.

Medicines were stored safely in the service including controlled drugs, which were subject to regular stock checks. We saw evidence that the service were being proactive in the management of people's medicines. For example staff may have needed to buy over-the-counter paracetamol without a prescription to manage pain. They had therefore written to the doctor and received a signed letter stating that this was safe and would have no adverse effect upon their health or well-being. Because some people may have needed to take medicines home with them to visit family, we noted that these were signed out and handed over at each visit.

Is the service effective?

Our findings

The relatives we spoke with told us that they felt that staff received the correct training to carry out their roles effectively. One relative said, "They are a good staff team, no doubt about that. All of them seem very competent and responsive to [person]'s needs." Another relative said, "I know they have quite a lot of training and there does seem to be the understanding there of [person]'s condition."

The staff we spoke with were similarly positive about the training they received. One member of staff said, "The training is mostly in-house and the trainers we have here are really good. They know the people we're supporting so it means they can make reference to particular examples to help us to understand how to use the training in practice." Another member of staff said, "A lot of us have done Makaton training because that's how [person] communicates. It means there's always somebody here who can meet that need for them."

Staff were provided with P.R.I.C.E. (Protecting Rights in A Caring Environment) training which taught positive behaviour support approaches and proactive ways in which staff could work with people. One of the staff said, "The P.R.I.C.E. training has been invaluable. It's very rare we have to use interventions here because we understand how to work with people to calm, distract and de-escalate situations effectively first." The service had recognised the needs of people using the service and created a dynamic training programme based around their individual requirements. This had helped to develop a caring and therapeutic environment where staff were empowered to deliver effective support.

Staff were also provided training in areas the provider considered essential such as health and safety, moving and handling and infection control. In addition to this they were provided with more specialised training in areas such as epilepsy, meds supervision and autism awareness. Following each training session staff were asked to complete an assessment to state how they found the training. For senior members of the care staff training was provided for supervision and appraisal and mental capacity assessment. The training co-ordinator told us they were planning to involve one of the people using the service in training workshops in future.

Staff received a full induction when they first started work with the service. One member of staff said, "I did all my training to begin with. Then I followed some of the senior staff and was introduced to all of the residents." The induction covered three days and each new member of staff was assigned a 'buddy' who mentored them and provided support during their initial few weeks with the service. Induction included opportunities to work alongside experienced members of staff. Giving new staff a thorough induction enabled them to understand their roles and responsibilities and the needs of people before providing support to people.

Staff received regular supervision and performance reviews from the manager. The staff we spoke with were positive about the quality and frequency of these. One member of staff told us, "I have supervisions once a month now." Another member of staff said, "We can use supervisions to ask for the support we need- like if I needed any further training for example." The care co-ordinator showed us the new method they were using

to appraise staff. They said, "We're now assessing performance but also their knowledge in key areas." We saw on the template that staff were asked to explain their understanding of key areas such as risk, safeguarding, consent and capacity. It also gave staff an opportunity to ask for any other support or training they might need.

The staff we spoke with had received training to understand the Mental Capacity Act (MCA). The Mental Capacity Act 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. The staff we spoke with demonstrated good knowledge of the Act and how to determine capacity. One member of staff said, "MCA is to help them to protect and empower the person. We can use communication aids and social stories to help them to make decisions. We try and help them to understand so they can make all of their choices to the best of their abilities, and we assume they have capacity until proven otherwise."

We noted that in each person's care plan there was information contained in relation to the person's capacity, decision-making abilities and whether any further decisions might need to be made in the person's best interest. For example we saw that capacity assessments had been completed to ascertain whether people had the ability to understand the need for personal care or the need to take medicines. This allowed the service to then assess the level of support that was appropriate to provide with compromising the person's choices. These decisions were made with input from families, professionals and staff, and involved the person as much as possible.

People were supported to attend regular appointments with healthcare professionals to ensure that they were in good health and accessing the correct services. Information was included in people's care plans to detail their healthcare needs and the level of support they required with these. One member of staff told us, "They all have their health checks and we have a folder with all of their information kept in. If they're due a dentist appointment or to have their eyes checked then we'll book that for them." If people were diagnosed with specific conditions then information relating to this was available in their care plans.

People's needs and preferences for food and drink were listed comprehensively in their care plans. This included food and drink they enjoyed, how they were supported to prepare and eat meals, and whether they had any specific dietary requirements. We were told about two of the people using the service who had lost a significant amount of weight following changes implemented by the service in their meal planning.

When we visited people's homes we noted that some had visual menu plans in place which they were able to use to choose what they wanted to eat each day. One member of staff said, "[Person] couldn't always cope with the shopping so we tried to involve them as much as possible in the planning and cooking instead. We use specific amounts and measurements so that they're able to understand exactly what they're going to be eating." Another member of staff told us, "We were working with one person to get their weight down to a healthy amount, so we sat down with them and implemented a menu system with picture cards for [them] to use to pick the meals they want. We then have a 'naughty night' where they're able to have whatever they like." The service promoted people's individual choices and met their preferences while gently encouraging healthy dietary habits.

Is the service caring?

Our findings

The people we spoke with told us that they felt well cared for by staff. Both responded "yes" when we asked if they received good care and felt happy in their homes. The relatives we spoke with were also positive about the caring attitude and approach that staff displayed. One family member said, "[Relative] has developed a lot on terms of confidence, independence, daily living skills. The care and support and the encouragement from staff is second to none." Another relative told us, "We feel that [relative] is well cared for, well looked after and the team works very hard."

The service had worked to assess, understand and enhance people's ability to communicate effectively and have their views, wishes and feelings listened to. Each person's care plan included detailed information about how the person communicated, the support they needed and what certain behaviours or forms of communication meant. Electronic tablets were being routinely used by some people as a communication aid, while others were using PECS, which is a system for using pictures to communicate simple needs. The use of social stories had been implemented to help people to understand more complex information or to prepare them for major events. For people who used Makaton to communicate, we observed that the staff were trained in how to communicate back. One member of staff said, "I think that because [person] couldn't always have their voice heard, the work we've done has enabled them to get their views across. As a result they're in a much better place than they've ever been."

Another member of staff was able to tell us about the way in which a person had developed their confidence and well-being since coming to the service. They said, "One person came to us and didn't really go out at all. Now a year later [they] go out every single day. We spend a lot of time putting in routines, getting the consistency right. We try to help them to make choices and be empowered while understanding boundaries. We always start with the basics and work our way up from there."

There was a key-worker system in place which enabled staff to work closely with one individual to make sure their care plans were updated, they had all the items they needed and that each aspect of their support was being followed consistently. One member of staff said, "I'm key worker to [person] who I've known since he was a child. I have a really good relationship with [them]. [They] now have visits from college. We work really closely with [person] too who I just adore and has made so much progress. They all grow and develop here."

The behaviour therapist was also positive about the quality of care and support being provided and the way in which it had helped to promote people's development. They said, "I think we're building something really special here. The work we do really changes people's lives. People have come to us because their last service broke down and we had to rebuild their confidence. We try to challenge ourselves and ask 'what can this person do that they haven't done before?' Sometimes people haven't been given the chance to learn and challenge themselves and we try want to change that for them. To see them happy and smiling and confident in themselves is so rewarding."

The relatives we spoke with were positive about the way their loved one had been introduced to the service and how the work done during the transition period between services had contributed to the success of

their placement. One relative said, "We were kept informed throughout the transition and they worked really hard to help [person] to settle into a new environment." A member of staff told us, "We do a longer transition period than a lot of services because we want to get it right and make sure people are comfortable and cared for before they move in. It's been really successful in giving people the best start."

The people we spoke with were positive about the ways in which they were supported to maintain relationships with their family. One person said, "My [relative] comes here and I go there too." All of the relatives we spoke with told us they were able to spend time with their loved ones and shared a positive relationship with the staff. One relative said, "The communication between us and the staff is very good and there's an open culture where I feel like anything I raise will be dealt with correctly and efficiently." A member of staff said, "We encourage the relationship with families as much as possible, we want them to visit and be involved." We were made aware of two examples of people who had substantially improved their relationships with their families since coming to the service. One person had recently spent time at the family home for the first time in several years after a plan had been established by the staff to encourage them.

Is the service responsive?

Our findings

People we spoke with told us they knew they had a care plan in place. Relatives told us they were involved in the creation and review of these plans. One relative said, "We have an annual review and we're involved in the care planning process." Another relative said, "They call me with updates and let me know things are going, I'm definitely kept involved."

People received an assessment before they joined the service which was then used to create a plan of the person's care. A member of staff spoke us through the assessment process. "When somebody is moving we go and do their assessment first and then build a transition plan. We'll look at what's been successful and what hasn't in the past, and then we change and review as needed." We saw that the assessments completed for each person included a holistic overview of their support needs and how they could be integrated in the service. Providing a robust assessment process meant that that people's needs were being identified and met from the first point of contact with the service.

We looked at the care plans for two people and saw that these were detailed, person-centred and enabled staff to better understand the needs of the person supported. Each care plan had essential information about the person including their preferred name, things that were important to them, and how they communicated. People's routines were detailed to enable staff to take a consistent approach to each part of their day. Sections of the care plan included information such as 'what I like to wear' and 'things that make me happy'. Having a high level of detail and personalisation was instrumental in developing staff's understanding of each person's individual needs and providing consistent, person-centred support.

People using the service had access to a range of varied, person-centred activities which promoted their independence and provided positive engagement with the wider community. One person said, "I do a lot here. I go out to college, go for trips into town, go shopping. I can do everything I want to do." We noted that each person had a detailed activity schedule in place which gave them a consistent structure and plan for their week. These had been prepared through consultation with the person and developed on the basis of the activities they enjoyed and had proved successful. In addition to community-based activities there was information in people's care plans detailing the level of engagement they had in household activities.

The staff we spoke with were positive about the ways in which they supported people to have a full and active programme of activities. One member of staff said, "I think the people here go out and about a lot, more than me! We can always improve and look for more things for them to do. We expand on the activities we're doing and if something isn't working we'll try something different." Daily notes provided a comprehensive overview of how the person had spent their time during the day, including the choices they'd made for activities, food and drink. Any significant events during the day were recorded to ensure that handovers between staff were detailed.

Care plans were subject to monthly reviews which ensured that the information contained within was relevant and up to date. People were given the opportunity in their regular 1:1 meetings with staff to provide their views and communicate any necessary changes. The care plans we saw were up to date and reflective

of the person's current level of need. Because the service provided care to people for whom it was important to develop skills and independence, we were able to see the progress made in key areas such as daily living skills and community access.

The service promoted outcome-based practice which meant that people were encouraged to work towards identified goals and objectives. One member of staff said, "The staff here all work really hard to achieve outcomes for people. We always ask: what's next? What else can we achieve? We want them to ask the same questions of themselves." Another member of staff said, "I think for [person] for example, they've come a long way and are so happy and willing to go out on activities. They're doing a lot more than they were doing before. It's great to see somebody go from really anxious about going out to looking forward to a different activity each day."

There was a complaints policy in place which detailed how a complaint would be handled. An 'easy read' version was made available to people using the service to help them to understand the ways in which they could make a complaint if necessary. There were fifteen complaints logged since September 2015, although most of these had not required the formal complaints procedure to be followed as they were of a more minor nature. In each case the details of the complaint and the action taken in response was recorded in detail. Issues such as maintenance of houses and internet connections not working had been resolved quickly by the staff. For more serious complaints, we saw that these had been addressed with the staff in question and remedial actions identified as appropriate. This meant that the service were able to evidence learning from complaints and improve the quality of the service.

Is the service well-led?

Our findings

Relatives we spoke with told us that the service was well-managed and that they had faith in the registered manager and the care co-ordinators. One relative said, "They're very responsive and keen to put things right, and it's very easy to communicate with them. It's a very open culture." Staff were also positive about the management of their service and told us they felt supported and empowered by the registered manager, care co-ordinators and team leaders. One member of staff said, "The management are all supportive and visible, definitely. I feel I'm listened to." Another member of staff said, "[Registered manager] is always around if needed or the co-ordinator is if not. We're really well support here, no question about it."

The registered manager was not at work at the time of our inspection so we spoke with both of the care co-ordinators who managed two sites each. Both were positive about the support they received from the registered manager and how they had been developed to take on more senior roles.

The staff are all able to describe the visions and values of the service and how they followed these in practice. One member of staff said, "The values of the service are to promote independence and person-centred care- we're all about the individual. We promote the highest possible quality of care here and we want them to do as much as we believe they are capable of."

We saw that a satisfaction survey had been sent out to people and their relatives to ask for their feedback on the quality of the care being delivered. We saw that the feedback was positive and included comments such as "It's a lovely happy home that's very warm and friendly with home comforts." The care co-ordinator told us the ways in which they had addressed some of the areas identified for improvement in these surveys. They said, "They suggested [activity] so we tried it with the person for a time and provided feedback on progress." The feedback that had been given had been noted and acted upon to resolve issues in a timely fashion. A letter was then sent to parents and guardians with details of the improvements that had been made.

The service also asked staff to provide feedback and contribute to the development of the service through staff surveys. Staff were asked if they agreed or disagreed to questions such as 'I am happy with the training that's being provided' and 'I feel valued as an employee of the service.' A report had then to publish to collate responses, all of which were positive about the support they received and the quality of care being delivered.

Team meetings took place regularly which gave staff an opportunity to discuss issues in the service. One member of staff said, "We have monthly team meetings once a month, we normally go through all of the residents and discuss concerns and updates. We talk about how we can improve." We looked through the team meetings for two recent months and saw that the minutes included discussion about individual people using the service, medicines, health and safety and training. The senior staff had recently begun to have meetings to discuss issues at a senior level, while there were also meetings for night staff to discuss any issues relevant to their specific shifts and support.

The registered manager completed an audit each month which identified improvements that needed to be made in the service. A report was then issued to each of the care co-ordinators to provide an action plan with set timescales. Each part of the service was rated in terms of care compliance, administration and health and safety. We saw that each of the areas identified within these audits had been resolved within the specified time frame.