

Yourlife Management Services Limited

Your Life (Stratford-upon-Avon)

Inspection report

Harvard Place
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CV37 8GA

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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

About the service:

Your Life (Stratford-upon-Avon) is a domiciliary care agency that was providing personal care to two older adults living in their own homes at the time of the inspection.

People's experience of using this service:

People told us they felt safe and described the staff as being honest and trustworthy. Staff had knowledge and training around safeguarding and understood their responsibilities to keep people safe. Procedures were in place to reduce the risk of infection. Staff had the training and knowledge to effectively meet people's healthcare needs.

People were treated with dignity and respect and were encouraged to maintain their independence. Staff showed warm and caring attitudes to the people they supported. People were supported to access appropriate healthcare professionals and services to ensure care remained responsive to their individual needs. Processes were in place to monitor and improve the quality of the service.

Records showed us staff had been recruited safely, including criminal record checks to ensure they were suitable to work with vulnerable adults. Staffing levels met people's care needs and individual choices and had the flexibility to be responsive when needs changed. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed.

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 July 2018 and this is the first inspection.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

Your Life (Stratford-upon-Avon)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Inspection team

This inspection was carried out by one inspector.

Service and service type

Your Life (Stratford-upon-Avon) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 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. Inspection activity started on 8 July 2019 and ended on 17 July 2019. We visited the office location on 10 July 2019.

What we did

Before the inspection we looked at notifications we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

The registered manager was not available during the inspection as they were on annual leave. However, they had made arrangements for senior staff to be available. During our inspection we spoke with one person who used the service, one relative, the operations manager and two duty managers.

We reviewed two people's care files and looked at their care plans and risk assessments. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a relative by telephone. We took their feedback into account when we made our judgement about this service.

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt the care and support they received was safe. One person said, "All of the staff are some of the most lovely, trustworthy people you could meet. I feel very safe in their care."
- People were supported by staff that understood their responsibilities to safeguard people from abuse and harm. Staff told us who they would contact and felt confident any concerns would be immediately acted upon.
- The provider's systems and processes helped ensure people that received a personal care service, were kept safe from the risk of harm or abuse.

Assessing risk, safety monitoring and management

- People had detailed and comprehensive risk assessments in their care records. These contained plans to minimise risks such as moving and handling and falls risks.
- Risks were assessed and reviewed using key information from staff, such as observations and their experiences of providing support to the person. Where necessary, advice from external health and social care professionals was incorporated into risk management plans. For example, staff followed the advice of a physiotherapist when supporting a person as they recovered from an injury.

Staffing and recruitment

- There were enough staff to safely meet and support people with their needs.
- Sufficient numbers of staff were available to provide people with their care calls which were scheduled in a timely way.
- The provider had a recruitment process which included the relevant checks to ensure new staff candidates were suitable to work with vulnerable people.
- Records showed recruitment processes were followed.

Using medicines safely

- People received their medicines in line with their prescription and from staff that had the training and knowledge to do this safely. At the time of our inspection staff were only administering topical creams. Body maps had been completed to clearly demonstrate where creams needed to be applied. Records confirmed these were being administered appropriately.
- Medicine records were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection

- The provider had processes to reduce the risk of the spread of infection.

- All staff had received infection control training from the provider and had access to disposable gloves and aprons. Staff understood the importance of good infection control and what measures needed to be taken, including effective hand washing.

Learning lessons when things go wrong

- The provider had a group compliance manager who regularly communicated any outcomes or lessons learnt from accidents and incidents in any of the provider's locations. The operations manager explained this enabled "Duplicate learning of lessons, so that the risk of reoccurrence of safeguarding is reduced." This demonstrated that the provider used accidents and incidents as an opportunity to learn and reflect on practice.

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

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

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

- People had detailed assessments of their health and social care needs prior to the start of their care. This ensured the provider and staff understood what care and support needs were to be met.
- Where needed, the provider liaised with other health and social care professionals such as nurses and doctors. Staff followed advice and guidance given by these professionals in a timely and effective manner.
- Staff said care plans and risk assessments contained relevant information so they could provide support according to people's needs and choices.
- People felt staff were able to support and meet their individual needs. One person said, "Staff have helped me get back on my feet."

Staff support: induction, training, skills and experience

- The provider ensured all staff received training that was relevant to their roles. Training included, medicines management, moving and handling, safeguarding and the Mental Capacity Act 2005.
- Staff felt supported in their roles and told us there was scope for further training and development of their skills. One staff member said, "The whole organisation is supportive, right from your colleagues through to your manager and their managers."

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

- All staff had training in food hygiene which ensured they could safely support people with eating and drinking.
- Where required staff worked with other professionals to ensure people had enough to eat and drink. For example, concerns had been raised that one person was not eating enough to stay healthy. Staff were prompting and assisting the person to have a healthy diet.

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

- Any important information from other professionals was shared with staff and people's care records updated promptly. People's care records showed that people were able to access a wide variety of core and specialist external healthcare services.
- Where people's needs were becoming more complex due to their health conditions, the registered manager made sure reviews were held with the relevant professionals. We saw an example where staff had identified concerns over signs of deterioration in a person's health. These concerns had been escalated to the registered manager, shared with the family and referred to the person's doctor.
- One person told us that following a fall, staff quickly ensured that emergency services attended. This person explained they were now, "Well on the road to recovery thanks to their (staff) quick responses."

Adapting service, design, decoration to meet people's needs

- People's home environments had been designed to meet the needs of older people. This included a call alarm system linked to staff in the building and wet room walk in showers. Communal areas in the building and the gardens were accessible to people with mobility needs. Charging points were in place for electric scooters.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We found the service was working within the principles of the Act.

- Records showed people consented to their care and support plans.
- Care workers promoted people's choices and sought consent each time they supported people with personal care.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests' decisions if people lacked capacity.

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

Good: □ This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and always treated them with dignity and respect. One person said, "You cannot fault the staff at all. They are all absolutely lovely."
- Staff were knowledgeable about the people they were caring for and were able to explain people's individual needs, interests and requirements.
- The manager and staff took care to ensure people's support was personalised, so their experiences of care were focussed on what they needed.
- Staff understood the principles behind equality, diversity and human rights. We were assured that whatever denomination, sexual preference, gender or faith that no one would be prejudiced in any way.

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

- People were involved in their care and support decisions. There were regular reviews of people's care and this was with the full involvement of the person.
- People were supported to express their views and any concerns they had about their care and support. There were regular meetings for people that used the service.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us people were treated with dignity, respect and that their independence was promoted.
- Staff told us they took pride in providing high quality care that was tailored to people's individual needs. Staff reinforced the importance of promoting dignity and respect in everything they did. What we saw confirmed staff consistently worked in accordance with these values.

Is the service responsive?

Our findings

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

Good: This meant people's needs were met through good organisation and delivery.

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

- People's needs were comprehensively detailed in their care plans which included information about how they wished to receive their care and support.
- People's care records contained information about their histories, hobbies and interests and likes and dislikes. This ensured staff could respond to people as individuals and respect their lifestyle choices.
- Staff told us care plans were reviewed when a person's needs changed and always involved the individual concerned.

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 care staff.

- We found that whilst the operations manager did not have a clear awareness of the AIS, the provider was already working to these principles. There were mechanisms in place to adapt any information into different formats where needed.
- Staff had a clear understanding of people's own individual communication styles and understood what verbal and non-verbal cues were for people.

Improving care quality in response to complaints or concerns

- The provider had a system to log, respond, follow up and close complaints.
- The complaints procedure was available for all to view in communal areas. It contained information about how and to who people could complain. People told us they only had to mention something to staff or the registered manager, and it would be listened to. Everyone we spoke with was positive about their care and support.

End of life care and support

- The provider did not currently have any people receiving end of life care.
- The provider had procedures to ensure that people's end of life wishes were recorded and reviewed with the person concerned.

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.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems and processes to monitor the quality of the service and ensure people consistently received safe, effective and responsive care.
- Feedback from people, their relatives and staff confirmed people felt well cared for by staff. We received consistent feedback that the service was providing personalised care to people.
- There was a clear understanding from the management team about their roles and responsibilities in managing risks and promoting a quality service.
- The provider understood its regulatory responsibilities for sharing information with CQC. Where required statutory notifications had been made to us. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

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

- The provider used a range of methods to involve people and staff including formal and informal meetings. This helped people to communicate effectively with the registered manager and the staff about any aspects of their care or support.
- Staff had regular team meetings, supervisions and appraisals which ensured they were kept up to date with important information. The registered manager said they had an open-door policy so staff could raise any concerns straight away.
- Staff told us they felt valued and well supported by the registered manager.

Continuous learning and improving care; 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

- Accidents and Incidents were recorded and analysed to identify any emerging trends and patterns.
- The manager reported incidents correctly and demonstrated a clear understanding to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider had a management structure that promoted sharing of good practice and learning from any incidents in the provider's other registered locations.

Working in partnership with others

- There was a good working relationship with other agencies such as doctors, pharmacies, and district nurses.
- The manager and provider had sought support from external professionals when needed.