

R Cadman

Your Life Your Home

Inspection report

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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 comprehensive inspection took place on 11 May 2018 and was announced. We gave the provider 48 hours' notice to make sure we could speak with the people using the service. This was the first inspection of this service.

Your Life Your Home is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger adults living with a learning disability. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection Your Life Your Home were providing the regulated activity of personal care to two people. Both people had a tenancy agreement and lived in their own flats. They received additional support from staff throughout the day.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service is run by a registered manager. A registered manager is a person who has registered with CQC 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 told us they felt safe whilst being supported by the staff. People were protected from the risks of abuse and discrimination. Risks associated with people's care had been identified and there was guidance for staff on how to manage risks and keep people safe. People's medicines were managed safely and they received them on time. Staff understood their responsibilities in regard to infection control and used protective equipment, such as gloves, when required.

Staff had been recruited safely. They were trained and skilled to provide people with care and support they needed and received regular supervision from the registered manager. There were sufficient staff to provide people with the care they needed when it was needed.

Accidents and incidents were reported in line with guidance and the registered manager reviewed them to check for any pattern to make sure the correct action was taken and that people were referred to other health professionals if needed.

People's physical and mental health and social needs were assessed. People told us they received care and support from regular staff and that their needs were met.

People told us that staff supported them, when they wanted them to, to prepare meals and eat healthily. They were also supported with their healthcare needs and to access doctors and other healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice. Staff had an understanding of the Mental Capacity Act 2005 and how it impacted on the people they supported. People said the staff asked for their permission to enter their flats and to support them with personal care. People's privacy and dignity were promoted and maintained.

People told us the staff were kind. Staff listened to people and knew them well. People were involved in making decisions about the level of care and support they needed. People received care that was responsive to their needs. Each person had a care plan, which they had access to, which reflected the support they needed and provided guidance for staff.

People told us they knew how to complain. An easy to read version of the complaints form was available for people to use. People said that staff would help them if they were unhappy about something. Staff supported people to go out in the local area and to enjoy activities of their choice.

People's choices and preferences for their end of life care were discussed and recorded to make sure staff could follow their wishes.

The registered manager had experience of supporting people living with learning disabilities and oversight of the service. Feedback about the quality of the service was regularly obtained and checked to see if improvements could be made. Staff felt they could speak to the registered manager and the provider if they had a concern and that action would be taken. Audits were completed to assess the care being provided. The registered manager worked with health care professionals, such as local commissioners, care managers and multi-disciplinary teams.

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.

People were protected from the risks of abuse, discrimination and avoidable harm. Risks to people were assessed and staff had guidance on how to minimise risks.

People received their medicines on time and were protected from the risks of infection.

People's needs were met by sufficient staff who had been recruited safely. People were supported by a small team of regular staff. Staff understood how to record accidents and incidents and these were monitored by the registered manager.

Is the service effective?

Good 

The service was effective.

People received care and support from staff who knew them well.

People's physical, mental health and social needs were assessed. Staff made sure people were supported to make decisions about their care.

People were supported to maintain a healthy diet.

Staff completed regular training and had the skills and knowledge to provide people with the right support. They worked with healthcare professionals to ensure people received the support they needed.

Is the service caring?

Good 

The service was caring.

People said the staff were kind. Staff promoted and maintained people's privacy and dignity.

People were supported to make their own choices about the level of care and support they needed.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed. Care plans were reviewed and updated regularly.

People told us they knew how to complain but did not have any concerns.

Staff supported people to access the community and to enjoy activities of their choice.

People's choices and preferences for their end of life care were discussed and recorded.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture at the service. Leadership at the service was visible. The registered manager had an oversight of the service and provided advice and guidance to staff.

Checks and audits were in place to monitor the quality of the service.

People were asked to give feedback about the service they received.

The registered manager and staff worked with health care professionals, such as care managers and the local authority.

Your Life Your Home

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 11 May 2018 and was announced. We gave the service 48 hours' notice as staff only provided support to two people and we needed to be sure we could meet them and speak with them. We visited people in their own homes and visited the office location on the same day to see the registered manager and staff and to review care records, policies and procedures. The inspection was carried out by one inspector.

This was the first inspection of this service since they registered in May 2017. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with other information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). Notifications are information we receive when a significant event happens, like a death or a serious injury. Before the inspection we sent a survey to the people using the service and we reviewed their responses.

During the inspection we met and spoke with the two people in their homes. We spoke with one member of staff, the registered manager and the provider. We also spoke with one healthcare professional. We went to the service's office and we reviewed people's records and a variety of documents. These included two people's care plans and risk assessments, two staff recruitment files, staff training and supervision records, medicines records and quality audits.

Is the service safe?

Our findings

People told us they felt safe when staff supported them in their home. One person said, "They [staff] help me with the things I need them to do. I feel safe with them around". The results of the Care Quality Commission survey confirmed people felt safe from harm. People were relaxed in the company of staff.

People were protected against the risks of abuse, discrimination and avoidable harm. Staff understood their responsibilities to help keep people as safe as possible. Staff completed regular training about how to keep people safe. They were able to tell us about the different types of abuse and what they would do if they had a concern. Staff were aware they could take concerns outside the service, for example to the local safeguarding team, but felt that anything raised to the registered manager or provider would be taken seriously and acted on appropriately. There were processes in place to help people manage their money and records were kept to protect people's finances. Accidents and incidents were recorded and checked by the registered manager to identify any pattern so that people could be referred to health professionals for advice if needed. At the time of the inspection there had been no reportable accidents and one incident when a radiator had been pulled off the wall in a person's home. This had been dealt with appropriately.

Risks to people were assessed, monitored, reviewed and managed. Risk assessments contained guidance for staff about how to manage and minimise risks. For example, when people were living with diabetes, there was information about how to help them monitor their blood sugar levels. This included what to do if the person's blood sugar levels went above or below certain levels. People told us staff supported them to check their blood sugar levels. Staff supported people to take risks to enable them to live their life as they wished.

Staff were recruited safely. Recruitment checks had been completed to make sure staff were honest, trustworthy and reliable to work with people. Information was requested about staff's employment history and any gaps in employment were discussed at interview. References were obtained and a proof of identity was held on staff files. Disclosure and Barring Service (DBS) criminal record checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider's recruitment and disciplinary processes were followed.

The provider employed sufficient numbers of staff to give people the care and support they needed. There was a small, regular staff team. People told us they knew who would be supporting them. When the staff were not supporting people they worked at another of the provider's service. People knew they could contact staff at any time if they needed additional support. People did not have a set time when staff supported them with personal care but told us they had help and support when they needed it.

People were supported to have their medicines safely and on time. People told us that staff supported them with their medicines. One person told us, "I do my medicines myself but the staff just check that I have got it right". Staff said, "We let people do as much for themselves as they can and we oversee their medication and make sure everything is recorded properly". Staff completed regular medicines management training

and the registered manager carried out competency assessments to make sure staff remained competent and confident to support people with their medicines. There was guidance for staff to make sure people were supported to have their medicines safely and on time. People's medicines were stored safely in their homes. The registered manager and staff regularly audited people's medicines to check they had been given correctly.

Staff understood their responsibilities in relation to hygiene and infection control and told us they had completed training about this. Training records confirmed this. Protective equipment, such as aprons and gloves, were available.

Is the service effective?

Our findings

People told us they were happy with the staff that supported them and with the care they received. One person said, "I am happy living in my own flat. Staff help me when I need it".

People's physical and mental health needs and social support needs were assessed to make sure staff could meet their needs. People's choices and preferences were discussed and recorded and from this information care plans were developed. These gave staff guidance about topics, such as continence and communication, to make sure people received the support they wanted when they needed it. People's abilities were assessed and staff spoke with people about the things they would like to be able to do so they were able to set goals. For example, when a person was unable to maintain contact with their relatives the provider supported them with this, arranging regular visits and emailing updates to the person's family on their behalf. People's care plans were reviewed and updated when any changes were required.

People received effective care and support from staff who were trained in their roles. People told us they received the support they needed. People noted in the Care Quality Commission surveys that they felt staff were knowledgeable and trained to give them the right support. Staff completed an induction when they started working at the service. The staff working at Your Life Your Home had worked at another service owned by the provider for a number of years and were experienced. New staff completed the Care Certificate as part of their induction, which is an identified set of standards that social care workers work through based on their competency. Training in topics, such as first aid, health and safety and fire awareness were completed. Additional training to ensure staff were skilled to provide people with the right support included diabetes, anxiety and depression. Staff spoke about how this training had helped them to have a greater understanding of the conditions people lived with and that it meant they were able to provide a better level of support. Staff met with the registered manager for one to one supervision regularly.

People needed some support to prepare their meals. One person said, "I like to cook pasta and sauce or pie and chips. It is up to me. Staff help me when I want to cook". People were supported to maintain a balanced diet when possible and special diets, such as a diabetic diet, were prepared. People's food preferences and any food intolerances were clearly noted in people's care plans. Staff supported people to learn about their diets, for example one person showed us their range of foods which were suitable for a diabetic diet and told us that staff had supported them to shop for the items.

Staff worked with the local authorities to make sure people received consistent, timely and co-ordinated care and support when people moved in.

People were supported to maintain good physical and mental health. People said they were involved in their healthcare and that staff supported them to have as much choice and control as possible. People told us that staff made appointments with health professionals when they needed it. One person commented, "Staff get my medicines for me". People were supported by a range of health care professionals including occupational therapists.

The registered manager said, "We have a very good working relationship with the local GP surgery and the GP knows the people who use our service very well. With the people's permission we are able to discuss things directly with the GP for a faster outcome". Staff told us, and the records confirmed that referrals were made to health professionals, such as dieticians and GPs, when required. When guidance was given by health professionals this was followed by staff.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and had completed training about this. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having capacity to make a decision, a best interest decision is made involving people who know the person well and other health care professionals. In domiciliary care people who may need restrictions in relation to their care and treatment are safeguarded by decisions made through the Court of Protection. At the time of the inspection no one was subject to an order of the Court of Protection. The registered manager assessed people's mental capacity and their ability to make decisions, including consent to care and support. People told us that they were able to make their own decisions and make choices and that staff listened to them and respected their wishes.

Is the service caring?

Our findings

People told us they liked the staff and that they were treated with kindness. Their comments about the caring attitude of staff were consistently positive. People had built strong relationships with the registered manager and with the staff who regularly supported them. People spoke positively about the relationships they had built with their regular care staff. People said, "I like [staff member]" and "I know them and they [staff] know me". Results of the Care Quality Commission surveys noted that all those who responded were happy with the care and support they received from the service.

Staff spoke passionately and were knowledgeable about the people they supported. They knew people, their backgrounds and their preferences well. They told us how they promoted people's equality and diversity and that "Everyone is treated as an equal". People who responded to our survey agreed they were always treated with dignity and respect. Staff respected and promoted people's privacy and dignity. There was guidance for staff, in people's care plans, which detailed what level of support people needed with their personal care. People's records were stored securely in the office to protect people's confidentiality.

People's independence was encouraged and promoted by the staff. People told us they were able to do as much for themselves as possible and that staff were accessible when they needed support. One person told us how they enjoyed keeping their flat clean and tidy and that the staff helped them when they wanted additional support. Staff considered and respected people's choices and preferences in all aspect of their care and support. Each person had a 'skills and goals' plan which gave staff guidance to follow on how to encourage and support people to work towards and achieve their own goals. People's goals included things such as increasing their skills in cooking and gaining confidence with their shopping.

People were involved in the planning and reviewing of their care and support. People told us they knew about their care plans and that staff sat with them to go through them from time to time. Care plans included information about people's life history and background, people that were important to them and their preferences. Information was provided to people in a way they could understand, for example, easy to read versions of documents. People's care plans and associated records were available in an accessible format. For example, some people's plans incorporated pictures and colours to support the person to understand the level of care and support being provided.

Staff told us that when people needed support from an advocate that this was arranged. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Staff understood that people may communicate their needs in different ways. They told us how they observed changes in people's behaviour which demonstrated that they may be anxious or upset. There was guidance for staff on how to communicate with and reassure people when they showed signs of anxiety. During the inspection people were relaxed in the company of the staff.

People had regular staff to support them. People told us they knew the staff well and that they could speak with them about their care and support. Results from our survey confirmed people received support from regular, consistent staff. As well as providing the regulated activity of personal care, staff supported people at other times during the day and had time to spend with them and listen to them.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. One person said, "If I was worried about something I will talk to [the two staff who regularly support them] or to [the registered manager]". People felt they would be listened to.

People told us they knew how to complain. They said they would speak to the staff or the registered manager and felt they would be able to help them. An easy to read version of the provider's complaints process was available. At the time of the inspection no complaints had been received and people told us they were happy with the care and support they received. Regular meetings were held with people using the service to check they were satisfied with their support. When people requested additional help this was given. For example, one person had requested support to buy a new mattress and staff had contact the relevant people to arrange the finances and organise this.

People were involved in planning their care, support and goals. Each person had a care plan which gave staff guidance about what support people needed and their needs and preferences. There was information about people's physical and mental health needs and any specific medical conditions. People needed support from staff with their medicines management but were encouraged to be as independent with this as possible. Guidance for staff included what people could do themselves and the level of support people needed so that staff could make sure care and support was provided in the way each person preferred.

Care plans reflected people's preferences and assessed any potential risks. There was guidance for staff on how to reduce these risks. When people had specified, there were personal goals included in the care plans and staff told us how they were working with people and health professionals to help them achieve their goals. Staff told us, "We respect each person as an individual and support them to achieve their goals". Care plans were regularly reviewed with people and kept up to date with any changes.

Staff supported people to go shopping and to take part in activities. People lived in accommodation next door to another service owned by the provider. People told us they often joined in with activities in that service as they had friends living there. During our inspection staff supported a person when they wanted to go shopping. When they returned home they proudly showed us what they had brought, with a beaming smile, and told us that the member of staff had helped them with budgeting their money so they were able to buy the things they wanted. The person's records noted, 'X would like to learn how to budget their money and have staff guidance with shopping'.

People spent time in the local community and enjoyed going to local shops and pubs. People told us they enjoyed going on regular holidays with their friends. These holidays were arranged by the provider and people were supported by staff who knew them well.

People were supported to keep in touch with friends and family. People told us the provider and registered manager kept in contact with their loved ones and updated them.

Staff spoke with people and their relatives about their choices and preferences for their end of life care and support. This information was clearly recorded, and reviewed, to make sure that staff could respect and follow people's wishes. When people were nearing the end of their life staff worked with health care professionals to ensure people had a comfortable, dignified and pain free death. People had access to any specialist equipment they may need at this time.

Is the service well-led?

Our findings

People knew the registered manager and provider well. They spoke positively about them. Results of the Care Quality Commission (CQC) survey noted that people had been asked what they thought about the service provided by Your Life Your Home.

A registered manager, experienced at supporting people living with a learning disability, managed the service on a day to day basis. They also worked at a residential service owned by the provider. The registered manager was supported by the provider. Both the provider and registered manager had regular contact with the people who used the service. People told us they felt comfortable speaking with the registered manager, provider or staff if they were feeling unsettled or if they were unhappy about something. During the inspection the registered manager chatted with people and clearly knew them well.

The registered manager worked closely with the small staff team and visited the office each day. Communication within the staff team was good. Staff told us they enjoyed working at Your Life Your Home and that they felt supported by both the provider and the registered manager. They said they had access to training, information and the necessary personal protective equipment to carry out their roles efficiently and effectively. There was an open culture and staff felt valued.

The provider, registered manager and staff had a shared vision and ethos for the service they provided. The statement of purpose noted, 'Your Life Your Home wants to offer a managed service that offers a future to those who need it and be able to see individuals maintain self-respect, confidence, skills, life-style and prospects that are comfortable and at a level that they feel is possible for them to manage independently whilst remaining in their own environment plus within their local community'. During the inspection people were supported in their homes and in the community. People told us how the staff supported them when they needed it. Staff knew people well and encouraged them to do the things they were able to do rather than doing things for them.

People were encouraged to provide regular feedback about the quality of service they received. Easy to read surveys were completed and the registered manager reviewed people's responses to check if any improvements were needed. Responses to the surveys were positive. People told us they were very happy with the support they received from staff.

The registered manager completed regular checks about the quality of service people received. Care plans were reviewed on a regular basis and any changes in a person's needs or preferences were recorded. People's medicines were checked to make sure they had received them correctly and GPs reviewed them to ensure they were still suitable. Accidents and incidents were monitored by the registered manager to ensure that any necessary referrals to health professionals were made.

The registered manager worked closely with key organisations, including the local authority safeguarding team and commissioners, to support care provision, service development and joined up care.

Staff understood the provider's whistle blowing process and were aware they could take any concerns to external agencies, such as the local authority or CQC, if they needed to. Staff told us they would speak with the provider or registered manager if they had a concern and they were confident the correct action would be taken.

The registered manager understood their responsibilities in recording and notifying incidents to the local authority and CQC. Services that provide health and social care to people are required to inform CQC of events that happen, such as a death or a serious accident, so CQC can check that appropriate action was taken. The registered manager had notified CQC in a timely manner.