

Your Life Care Group Limited

Your Life Supported Living Services

Inspection report

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Date of inspection visit:
04 May 2022

Date of publication:
15 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Your Life Supported Living Services is a supported living service providing personal care to one person at the time of the inspection.

People's experience of using this service and what we found

People's body language and facial expressions indicated they were relaxed and at ease in their home. People were supported by a small team of consistent staff, who knew them well. This was particularly important to autistic people who became anxious if there were unplanned changes to their daily routines. People benefitted from being supported by staff who knew how to communicate effectively with them.

Governance processes were not always effective in monitoring the quality of care. Some of people's key records with regards to their health and safety were not up to date. None of the providers policies had been reviewed since 2020. There had not been a registered manager at the service for 19 months. The registration process ensures managers have the knowledge, skills and experience to manage a care service. The service was being managed jointly by a part-time manager and the provider.

Staff had received training in supporting people with disabilities and understood how to reduce people's anxieties. People were being supported to access the health care services they required.

People's activities had reduced due to the pandemic and these were being re-introduced gradually. Staff were looking into activities to extend people's social network.

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.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture (RSRCRC).

Right support: Staff had not supported people to make decisions following best practice in decision-making. Decision making processes did not include key information about how people had been involved in making decisions. People's goals and aspirations were understood by staff, but these had yet to be recorded so progress towards them could be monitored. People were supported by staff to pursue their interests. People's days were structured around their needs. Staff communicated with people in ways they understood. People had decorated their rooms according to their personal taste.

Right care: People received kind and compassionate care and from staff who respected their dignity. People

could communicate with staff because staff supported them consistently and understood their individual communication needs. Staff understood how to protect people from poor care and abuse. There were enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture: People's wishes, needs and rights were not always put at the heart of the service as the provider had situated their main office in people's homes. The model of supported living is that people's rather than the provider's concerns come first. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

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 20 December 2019 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This is the service's first inspection since registering with the Care Quality Commission.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our safe findings below.

Your Life Supported Living Services

Detailed findings

Background to this 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

The inspection was carried out by one inspector.

Service and service type

Your Life Supported Living Services provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 not a registered manager in post.

Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We joined the person who used the service for lunch. This person used a range of ways to communicate such as pictures, photos and body language. We also observed staff interaction with people.

We spoke with the manager, one care staff and the nominated individual who was also the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included one person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality checks and audits were reviewed.

After the inspection

We telephoned an additional member of the care staff team.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People benefited from the provider and staff understanding their roles and responsibilities in keeping people safe. Staff explained that any changes in a person's usual body language or actions, would lead them to find out more about what may have caused these changes.
- Staff had training on how to recognise and report abuse and they knew how to apply it. The staff training programme had been amended by the manager, to ensure this important area was refreshed yearly. Staff told us they were confident any concerns they raised would be actioned by the registered manager. They also knew which external agencies to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely because the service assessed, monitored and managed potential risks to their health, safety and welfare.
- People were supported in the right way as information and guidance was easily accessible to staff about their support needs and how to manage associated risks. This included risk's when people moved around their home, of choking and associated with medical conditions. There was guidance about how to recognise the signs that someone may experience a seizure and what to do and when to seek medical assistance. Staff knew how to follow this guidance to keep people as safe as possible.
- Staff managed the safety of the living environment. This included regular checks of fire equipment and services. A maintenance person was available to attend to any repairs required.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- The service had enough staff to provide one-to-one support for people, so they could take part in activities and go out. Where people liked a structured routine with familiar staff, this had been arranged around these people's needs.
- Staff recruitment and induction training processes promoted safety. Checks to ensure staff were suitable for their role included obtaining a person's work references, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- People's records contained a clear short summary with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People benefitted from staff who had individualised information about how to support them with their medicines. This included how to recognise when people may be in pain and need pain relief and where on their body to apply prescribed creams to get effective relief.
- People's medicines were individually stored so they could take them privately and safely.
- Staff had received training in medicines management and their competency in handling medicines had been checked.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. There were arrangements for keeping people's homes clean and hygienic.
- Staff followed the provider's infection control policy and procedure. This included regular COVID-19 tests which were reported to the manager to ensure compliance. Staff were also encouraged to have their COVID-19 vaccinations.
- Staff had completed training in infection control, including for COVID19. Staff used personal protective equipment (PPE) effectively and safely.

Learning lessons when things go wrong

- People received safe care because incidents affecting people's safety were managed appropriately.
- Staff made a record of any accident or incident detailing what had occurred, and the resulting actions taken by staff. The manager was informed of each event and reviewed these records to ensure staff had taken the correct steps to keep people safe and to help identify any ongoing patterns or themes.

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 of this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

- Staff had not demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. This was because capacity assessments had been insufficiently completed as they gave no details as to how a specific decision had been made.
- Best interest decisions had been recorded for people being offered a Covid-19 and flu vaccinations. These documents stated that in the process people had been encouraged to take part in the decision, and their individual circumstances and own views had been taken into consideration. However, there were no details of what this had involved, such as using the person's preferred to communication method to help them understand and weigh up the decision being made. In practice staff described how people had given their consent to being offered the Covid-19 vaccination. The procedure had taken place in their own home where they felt most comfortable. And a staff member whom they trusted and knew well had supported them through the procedure.
- Staff said they knew people well and could tell from their body language, behaviour and reactions if they consented to their care and treatment on a daily basis. They said that if it was clear that a person did not consent to the support they offered, they offered the support at a later time and often people consented.

We recommend the provider seeks advice and guidance from a reputable source around assessing and recording people's mental capacity.

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

- People's health actions plans and hospital passports did not contain up to date information about people's health, as they had not been reviewed since 2019. These records are used by health and social care professionals to support people in the way they need. The manager sent us copies of these reviewed

documents after the inspection.

- Information about when people needed to attend health care appointments, such as check ups for their eyes, ears and teeth was available to staff. Staff told us that people had experienced delays in attending and accessing some health care appointments due to the pandemic. The service was supporting people to help them access these essential health care checks.
- Staff observed and monitored people's health and well-being. This included regularly checking people's weights and seeking medical advice in a timely manner, when people had become unwell.

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

- The provider's assessment process did not follow best practice guidance such as REACH standards and The Real Tenancy Test . The REACH standards are nationally recognised standards underpinning the fundamental principles of supported living. The Real Tenancy Test is used in supported living to determine if the tenancy gives people real tenancy rights.
- People's assessments were not available to look at the inspection as the nominated individual could not locate them. However, care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support.

Staff support: induction, training, skills and experience

- People were supported by staff who had a planned programme of training to help ensure they had the right skills and knowledge to support people. Updated training and refresher courses helped staff continuously apply best practice.
- Staff training had been reviewed by the manager and refresher training in a medical intervention booked immediately after the inspection. This was to ensure staff were skilled and confident to administer this medicine in line with the person's protocol in their care plan.
- Staff training included understanding the strengths and impairments of people with a learning disability and or autistic people.
- Staff received support in the form of supervisions and appraisals. Staff were assigned objectives to work towards, such as exploring activities for people. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

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

- People received support to eat and drink in a way that met their personal preferences as far as possible.
- People had regular drinks and snacks and their menu was planned around a varied diet. Staff made a record of what these people ate and drank to ensure they had sufficient. One person had started to doze whilst part way through drinking their drink. Staff spoke to this person whilst gently moving their cup to encourage them to drink and so ensure they had sufficient to drink.
- Mealtimes were arranged around people's needs and preferred routines. One person liked to sit in a specific place to eat their meals and this was supported by staff. Staff explained to this person that it was lunchtime and encouraged them to put away their activity so they could focus on their meal.

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 of 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.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld when being supported with their care.
- However, the practice of citing the provider's main 'office' in peoples' home did not follow best practice standards in relation to national guidance on what constitutes a real tenancy for people living in supported living services. This 'office' contained the providers equipment and staff files, including staff files of staff who worked at another of the provider's services.

We recommend the provider reviews national advice and guidance about the model of supported living in line with REACH standards, The Real Tenancy Test and RSRCRC.

- Following our inspection, the provider informed us they had sought advice from a national organisation to ensure they provided supported living in line with National Guidance going forward.
- People had opportunities to take part in life skills such as assisting with meal preparation and their laundry. Staff told us that people had been involved in food shopping, but this had ceased during the pandemic. Staff said they would start to take people shopping again, now that this had been brought to their attention.

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

- People were valued by staff who showed genuine interest in their well-being and quality of life.
- Staff showed warmth and respect when interacting with people. We observed staff using gentle touch to show affection for people. There were regular staff observations to ensure they treated people well.
- People received kind and compassionate care from staff who used positive, respectful language and body language, which people understood and responded well to. People smiled at staff when they communicated with them and showed them individual attention.
- People were well matched with their designated support workers and as a result, people were at ease, felt safe and content. One person had known a member of their care staff team since they first moved to the service. This staff member had moved with the person to their home and so they had developed a particular close and trusting bond.

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

- People were given time to listen, process information and respond to staff, using their preferred method of communication.
- People's views about their likes, dislikes and preferred routines had been obtained. This information was available to staff so they could support people to make decisions according to their choices and

preferences. For example, one person had a specific routine at the start and end of their day. This involved getting out things that were important to them when they got up and then tidying them away before they went to bed. Staff supported this person to follow their routine, which helped them to structure their day.

- People had been supported to access independent advocacy. However, this support had experienced some disruption due to the pandemic.

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 of this newly registered service. This key question has been rated 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

- Staff provided people with personalised and co-ordinated support in line with their communication plans and support plans.
- Staff spoke knowledgeably about people's individual's needs. Staff knew people well and had developed trusting relationships with staff. People benefitted from being supported by staff who knew what they enjoyed doing, what caused them anxiety and how to make them feel safe and calm.
- Autistic people who preferred a structured day, benefitted from being supported by a small team of consistent staff, one of whom they had known since the beginning of the service.

Meeting people's communication needs

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

- People had individual communication plans that detailed effective and preferred methods of communication.
- Communication plans included how a person presented their face, mannerisms and body posture when they were content and when they were distressed. When one person was distressed, they pouted their lips, made little eye contact and pushed items presented to them away. This guidance aided staff in communicating with people and responding appropriately.
- Staff ensured people had access to information in formats they preferred. One person responded well to visual information such as pictures and photographs. Their care plan and tenancy agreement had been written in this format. They also had their own book of photographs to refer to, of things that were important to them.

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 participate in social and leisure interests.
- People's leisure opportunities had decreased due to the pandemic. Progress towards getting people involved in past interests had been discussed at the last staff meeting in April. Staff acknowledged that progress had been slower than anticipated as people readjusted to a more active lifestyle.
- Staff understood people's goals and aspirations. One person liked transport. They purchased a weekly transport magazine and planned to go to a transport fayre. Staff were looking into activities available locally that they would enjoy, to extend their social network.

Improving care quality in response to complaints or concerns

- Policies supported enabling people to make complaints. The complaints procedure involved investigating all concerns and complaints and providing feedback to the complainant and any learning to the staff team.
- Staff understood the changes in people's body language and presentation, which may indicate that they were not happy with an aspect of their care. In these situations, staff investigated further to try to understand the reason for the person's reactions.

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 of this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider has failed to register a manager at the service in line with their condition of registration. The service was registered with us on 20 December 2019, with a registered manager in post. This manager left the service on 12 October 2020. There had not been a manager, who was registered with us since this time. This is a period of 19 months. We are dealing with this outside the inspection process.
- The service was managed jointly by a part-time manager and the provider. There had been a lack of consistency in how well the service was managed.
- Governance processes and quality monitoring were not always effective in identifying service shortfalls and areas for improvement.
- The provider information return submitted before the inspection visit gave minimal information about the running of the service and did not identify any planned improvements.
- Weekly audits had identified that people's health and social care documentation were all up-to-date. However, people's hospital passport and fire evacuation plan had not been reviewed since September 2019 and October 2020 respectively. There was a potential risk this information was not-up-to date due to people's changing needs. All the providers' policies and procedures were dated 2020. They had not been reviewed and updated to reflect policy and legislation changes. For example, the infection control policy did not refer to Covid-19. The manager provided evidence these key documents had been reviewed immediately after the inspection visit and they were working to update all other policies.
- Although staff understood people's goals and aspirations, these had not been recorded so progress towards them could be monitored.

There were not effective systems to assess, monitor and improve the quality and safety of the service. Nor to keep up to date records in respect of each service user and the management of the regulated activity of personal care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not always kept up-to-date with national guidance to inform improvements to the service. However, the management team understood the aims of supported living to promote and encourage people's independence and choices. The vision and values of the service focused on matching staff to people who used the service, and this had been well managed.
- The management team understood the aims of supported living to promote and encourage people's independence and choices. The vision and values of the service focused on matching staff to people who

used the service, and this had been well managed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team had created a positive culture within the service and people were content and relaxed.
- The manager and provider regularly visited people in their home and took a genuine interest in their lives. The manager knew people well and led by example. We observed the manager ensure they were at the same level as one person so they had eye contact, when speaking with them. This person responded to the manager with a huge smile.
- Staff felt respected and supported by the management team and able to raise any concerns.
- The management team understood the duty of candour. They knew to respond in an open and honest manner if something at the service did not go as it had been planned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff and managers sought feedback from people based on their individual knowledge and understanding of people's communication methods.
- Staff had felt listened to and able to share their views about what was and what was not working well at the service at team meetings.
- The provider worked in partnership with health care professionals such as community nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were not effective systems to assess, monitor and improve the quality and safety of the service. Nor to keep up to date records in records in respect of each service user and the management of the regulated activity of personal care.</p> <p>Regulation 17 (1) (2) (a) (c) (d)</p>