

Yourlife Management Services Limited

YourLife (Northampton)

Inspection report

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Date of inspection visit:
29 October 2019
31 October 2019

Date of publication:
11 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Yourlife (Northampton) is a domiciliary care agency providing personal care to older people living in their own homes within an assisted living development. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection nine people were receiving personal care.

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

Improvements were needed to medicine management and oversight of records and audits.

People told us they felt safe and staff knew them well. Staff had been recruited safely and the necessary checks had been completed. The provider had policies and systems in place to safeguard people from abuse and they followed the local safeguarding protocols.

People told us staff were kind and caring and that they had a good relationship with staff. However, people and staff told us they felt there currently wasn't enough staff on duty. The provider had recruited additional care staff at the time of inspection, however they were still within their induction phase.

Staff were supported by the registered manager and felt valued as workers. Staff received training in line with the providers policies, however not all staff thought the training was comprehensive enough for staff who were new to care.

People were involved in completing their care plans which detailed how they wanted to be supported. Potential risks to people had been identified and strategies implemented to keep them safe. People had consented and signed their records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however the policies and systems in the service did not support this practice.

Staff supported people to access healthcare services when appropriate and made referrals as required to the relevant professionals such as, occupational therapy, GP's and district nurses.

Staff respected people's right to privacy and promoted people to be as independent as possible. People's communication needs were known by staff and the manager could provide documentation in different formats to meet people's needs.

Rating at last inspection

The last rating for this service was Good (published 10 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well led findings below.

Requires Improvement ●

YourLife (Northampton)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses within an assisted living development.

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 24 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 29 October 2019 and ended on 31 October 2019. We visited the office location on 29 October and made calls to staff and relatives on 31 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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.

During the inspection-

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager and care workers. We spoke with one professional who regularly visits the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Improvements were required to the way in which medicines were managed management to ensure people received their topical creams as prescribed.
- We checked people's medicines administration record sheet (MAR) and found examples where staff hadn't administered creams properly, and that staff had not reported or recorded the reasons for a person refusing a medicine. For example, one person's MAR stated a cream should be applied two times a day, staff had been administering it three times a day. Another person had refused a medicine for 28 days.
- Staff had not followed the providers procedures regarding counting medicines.
- The registered manager implemented systems to rectify these issues during the inspection. We found no evidence of harm occurring due to these concerns.

Staffing and recruitment

- People and staff told us there was not always enough staff on duty, however, the provider had started recruiting to increase staffing levels and had recently recruited three additional care staff at the time of inspection, however they were still within their induction phase and could not complete care tasks alone.
- People told us they had regular staff who came on time and knew them well.
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

Systems and processes to safeguard people from the risk of abuse

- Staff had not completed a body map for a person who had an injury to their body. This meant that other staff may not ensure the correct treatment was received, and the registered manager had not investigated the reason for the injury.
- The registered manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential harm and discrimination.
- Staff had received training in how to safeguard adults and demonstrated a good understanding of the signs of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- Potential risks to people had been assessed and strategies put in place to reduce risks of harm. This meant staff had the information to keep people safe.
- People and relatives told us they felt safe with the service. One person told us, "I feel perfectly safe [with

staff]."

- Staff told us they felt there was enough information within people's risk assessment to support them appropriately and safely.
- People had personal emergency evacuation plans so staff knew how to assist them to leave the building safely in the event of an emergency.

Preventing and controlling infection

- People told us that staff always wore gloves and aprons when completing care tasks. Staff had completed training on infection control and were aware of good practices such as hand washing techniques and use of PPE (personal protective equipment).

Learning lessons when things go wrong

- The registered manager told us they looked at trends and patterns relating to incidents, accidents and falls, however these had not been recorded.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff were not always sure who lacked capacity as people's mental capacity to make decisions or choices was not always assessed and reviewed. The registered manager agreed to ensure this information was clear in all care plans.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we saw people had agreed with the content and had signed to receive care and treatment.

Staff support: induction, training, skills and experience

- Staff told us they completed an induction and training before starting working on their own, however some staff felt the training could be improved. For example, one staff member told us, "We now do our training online, if this was your first care job, the training is not really good enough."
- Another staff member told us, "Although the training can be basic, if you need more just ask and [Registered manager] will arrange it for you."
- Training records confirmed staff received their training in line with the providers policies and additional training had been offered to staff with specific interests. For example, dementia and specific health conditions.
- Staff told us they felt supported by the registered manager who was available for support and guidance when required.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- Peoples oral health had not been fully assessed or recorded, the registered manager agreed to record this within people's care plans.
- Information in care records confirmed the service liaised with other professionals when required to ensure people had access to the right support and help.
- When people needed referring to other health care professionals such as doctors, occupational therapists, speech and language therapists or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, they assisted the person to call themselves or they contacted the relevant professional to make the referral.
- People told us that if required staff would help them access healthcare. One relative told us, "[Persons name] needed an ambulance, staff called and stayed with them till 5am when the ambulance arrived."

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

- People and relatives told us they were involved in the care planning.
- People's needs were assessed before any care was provided. One person told us, "When I came out of hospital, we [registered manager and person] put my care plan together."
- The pre-assessment was used to develop people's care plans. These contained information on people's preferences, their likes and dislikes, communication needs, equipment needed and their cultural background.
- Care plans had detailed information regarding people's choices and routines. For example, how they like their drinks and their preferred way to get dressed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 and their relatives told us they were happy with the support from staff. One relative said, "Since having support [persons name] has improved, he responds really well to staff and his behaviour has reduced, that is down to work the staff did with him."
- Staff interacted with people in a kind, caring and compassionate manner. Staff and people appeared to have a respectful relationship with each other. A person told us, "The staff are so wonderful, kind and caring."
- Staff we spoke with had a good knowledge and understanding of the people they supported.
- Staff and managers understood their responsibility to ensure people's rights were upheld and they were not discriminated against in any way. Staff had received equality and diversity training and the provider had an Equality, Diversity and Human Rights policy, which set out how to support people, and staff, from diverse backgrounds.

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

- People's communication needs were fully documented in their care records, this supported staff to understand and communicate effectively with each individual person.
- People were treated respectfully and were involved in every decision possible. All care plans had been signed by the person.
- People who were unable to read their care plan had staff read it to them. This meant they knew what was written about them and could tell staff if changes were needed.
- The provider arranged 'Homeowner meetings' to allow people the chance to discuss any improvements needed.

Respecting and promoting people's privacy, dignity and independence

- People and relatives were positive about the staff and said they were treated with dignity. One person told us, "The staff are kind and caring to both of us [including partner]."
- People's right to privacy and confidentiality was respected. A person told us, "Staff always ask as everyone has a different way of being supported." A relative told us, "They [staff] always knock and introduce themselves to us."
- A staff member told us what they do to promote people's privacy, dignity and independence, "I close the curtains and doors and always keep people covered." Another staff member told us, "I ask "would it be OK if I do this or that, treat people as you would want to be treated."

- People were supported to do as much as possible for themselves. One relative told us, "Due to staff working so well with [person's name] we are now able to reduce the calls from 30 minutes to 15 minutes."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of our inspection no one using the service required end of life support.
- People did not have any end of life plans in place, however staff knew people and their care plans contained personal information.
- The registered manager agreed to put end of life plans in place and ensure all staff received training, so they would be prepared in future to support people at the end of their lives if needed.

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

- People and their relatives told us they received good quality care that met their needs. One person told us, "Staff do whatever I ask of them" Another person said, "Staff are good, they come and talk to me about all sorts of things, my family, their family. I don't have anyone else."
- People had individualised care plans, which detailed the care and support they needed.
- A relative told us, "[Person's name] had a waking nightmare, [person] accused me of poisoning them, staff came to us throughout the night to support both me and [person]."

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.

- Policies, procedures and other relevant information could be made available to people in the format that met their needs, such as easy read styles, pictures or another language.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and we saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.
- People, relatives and staff knew how to make a complaint.
- Staff told us they could talk to the registered manager about any issues or concerns. One staff member said, "I haven't had to complain but I know how to, and I am positive that I would be listened to. We are all valued as staff."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- We saw evidence of some audits being completed for a range of checks, however audits had not identified issues with people's MAR charts and body maps not being completed.
- Audits completed by the provider were not clear regarding any actions required.
- The last monthly audit completed on care plans was dated February 2019. Therefore, audits were not being completed as per the providers procedures.
- Staff were clear in their roles and understood what the provider expected from them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.
- All staff knew who they should talk to if they had any concerns or suggestions. The registered manager was available to staff, people and relatives as required.
- People, staff and relatives, we spoke with all knew who the registered manager was and how to contact them. One staff member told us "[Registered manager] amazing, they always support me and are very person focused." A person told us, "I know [registered manager] they come and see me sometimes, anything I needed to say, I could [say it] to her."
- Staff told us they were happy working at the service and would recommend the service to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood, and said they would act on, their duty of candour responsibility, however no incidents had occurred which would require action or investigation in this regard.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- People, relatives and staff were asked for their feedback at individual reviews and through surveys. Records showed satisfaction levels were good.

- Staff told us that although they didn't have regular team meetings communication was good and the management passed information through word of mouth, handover book and memos in staff pigeon holes.
- The provider was an equal opportunities employer and the workforce represented the people they were supporting.

Continuous learning and improving care. Working in partnership with others

- The registered manager demonstrated an open and positive approach to learning, development and feedback.
- The registered manager and staff team worked in partnership with other professionals such as GP's, occupational therapists, physiotherapists, social workers and commissioners to promote and maintain people's quality of life.