

Yourlife Management Services Limited

Your Life (Ipswich)

Inspection report

Booth Court
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Ratings

Overall rating for this service

Good



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?

Good



Overall summary

The inspection took place on 22 May 2015 and was announced.

Your Life (Ipswich) is a domiciliary care agency, delivering services to people living in two McCarthy and Stone assisted living schemes. The service is based in Booth Court one of the schemes and offers personal care services. The agency was providing support to nine individuals.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy with the care they received however we found that recruitment procedures were not working effectively and did always protect people.

Staff were knowledgeable about the signs of abuse, but the mechanisms for reporting outside the organisation were not clear for staff. Risks were well managed and there were clear procedures in place for staff to follow in the event of an emergency.

Summary of findings

There were enough staff to meet people's needs and staff were accommodating and flexible. This gave people reassurance that their needs would be met if they increased.

There were clear procedures in place for the administration of medicines and new audits were being developed to build on the training which had been undertaken.

Staff received induction and training for their role. Observations of practice were undertaken and there were clear systems in place to support staff. People were supported with meals and staff at the service worked with health professionals to support people with their health care needs.

People were involved in making decisions about their care and support. Their care plans had been tailored to them as an individual and outlined their ability to make decisions. People's independence was promoted by staff and people felt involved in their care.

People had good relationships with the staff and were treated with dignity and respect. They knew how to make a complaint and were confident that concerns would be addressed.

The service had clear aims and values and staff understood their role in promoting good quality care. They were supported by a manager who was visible and accessible. There were systems in place to monitor the quality of the service but these were not well developed and reflected the size of the service.

We identified a breach of regulations during this inspection, and you can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

The recruitment procedures were not always effective and did not protect people from harm.

Risks were well managed.

There were enough staff to meet people's needs.

People were supported to receive their medication as prescribed

Requires improvement



Is the service effective?

The service was effective

Staff received training to enable them meet people needs.

Staff sought consent prior to providing care.

People were supported to eat and drink.

People were given support to help them stay healthy.

Good



Is the service caring?

The service was caring

People were happy with their care

People were given choices and had a say in how their care was delivered.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People had their needs assessed and reviewed.

Complaint procedures were in place.

Good



Is the service well-led?

The service was well led.

There was a clear management structure and visible leadership

Staff were clear as to their responsibilities and knew what was expected of them.

Good



Your Life (Ipswich)

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.

The inspection took place on 22 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

We reviewed information we held about the provider, including notifications about incidents and accidents. A notification is information about important events which the service is required to send us by law.

We spoke to four people who used the service and two relatives. We spoke with three care staff as well as the manager.

We reviewed a range of documents and records including care records for people who used the service, records of staff employed and staff meetings.

Is the service safe?

Our findings

People were happy with the care that they received. One person told us, "we are very lucky, staff are very nice, everyone here is extremely good to me." People told us that they were encouraged to raise concerns.

There were enough staff to meet people's needs. Staffing was described as flexible and accommodating of people's changing needs. People told us that changes could be accommodated at short notice and that, "staff take their time" when they provide care. We were told that staff were generally punctual and there were enough staff. A number of staffing appointments had recently been made and where needs increased the service had capacity to respond to these. A duty manager was always on site and available to respond to unforeseen events.

However recruitment processes were not robust and people were placed at risk of unsafe care. We looked at recruitment records for three members of staff. Disclosure and Barring checks were in place for two staff but the process had not been completed for one member of staff who was working at the service. There were records to evidence that references had been requested but these were not all in place.

This was a breach of Regulation 19 of the Health and Social Care Act 2008. (Regulated Activities 2014).

The staff were knowledgeable about the signs of abuse and told us that they would report matters of concern to the

manager or the area manager. However staff were not clear about the role of the local safeguarding team, and the written procedures which were in place did not clarify this or outline their contact details. The service had not yet had to make a safeguarding referral, but should they have to do so, staff were not clear as to the reporting mechanisms. The manager however knew the steps to take and was clear as to the role of the safeguarding team.

Risks were well managed. We looked at three people's care plans and saw that risk assessments were undertaken to assess any risks to the person using the service and the staff supporting them. This included environmental risks and risks due to the support needs of the person. We saw for example that risks such as lighting, electrical blankets, flooring and fire safety were assessed and where a risk was identified a plan to minimise them was put into place. Clear arrangements were in place for emergencies.

People were supported to receive their medicines as prescribed. There were clear guidance notes for staff to follow when administering medication. This included clarification of whether people required prompting or assisting, and reminded staff to ask people if they had pain. We looked at two people's medication records and noted that the medication tallied with the written records. There were some gaps in recording but the manager had already identified this as an issue and had an action plan in place to address the shortfalls. This included additional training and weekly checks on medication administration.

Is the service effective?

Our findings

People using the service and their relatives told us that the staff had the knowledge and skills to do their job. One person said, “they know what they are doing.” Another said, “staff have been well trained.”

Staff told us that they had received an induction which prepared them for their role. One staff member told us that they had shadowed an experienced member of staff and observed how they had provided care, before starting to assist people independently. They showed us the folder which they were working through as part of their induction training. This included guidance as well as questions for staff to complete to ascertain whether they had understood the areas covered.

Staff told us that they were appropriately trained for their role. We looked at the records of induction and training and saw that staff had been supported to access training on a range of subjects including moving and handling, infection control and emergency first aid. Staff told us that they could approach senior staff at any time if they needed assistance or advice as there was always a duty manager on site. Staff confirmed that they met with a manager to discuss their progress and observations were undertaken to check that they were following the policies and procedures. Records confirmed that observations were undertaken to check staff competency in relation to areas such as moving and handling and infection control.

People told us that they were involved in their care and listened to. We observed staff seeking permission from people before intervention and we noted that consent was an area that was explored as part of the observations of practice. Staff were aware that people had to give consent to care and had the right to make their own decisions. They described how they obtained consent before starting to provide care and understood best interest decisions.

People were supported to eat and drink. While some people had meals in their own home the majority of people attended the communal dining room for their main meal. One person told us, “(my relative) enjoys the food...they take dinner to their room if they are poorly.” The staff served the meals and were in a position to identify any issues around food. Care plans identified the levels of support required and specialist dietary needs were identified. People told us that staff assisted them to prepare breakfast and snacks at the end of the day. We observed that the people we spoke with had drinks within reach, which they could access independently.

People were given support to help them stay healthy. Most people were able to manage their own health appointments; however support was available if required. One person described how staff had responded promptly when they had fallen. A visitor told us that the staff were alert to changes in people’s needs and had picked up a health issue and contacted them and the GP. We saw that one person had been identified as being at risk of skin damage, a risk assessment had been undertaken and appropriate pressure relieving equipment was in place.

Is the service caring?

Our findings

People were happy with their care, and told us that they had good relationships with staff. Staff were described “as very kind” and we were told that, “they do the little things.” One relative told us that staff, “give more than 100%, they care.”

People told us that they received care from a consistent group of carers who knew them well. One person said staff, “get to know you” and described how staff promoted their independence when providing care.

Staff spoke warmly about the people that they supported. They knew the individuals and their preferences and were person centred in their approach.

People were involved in making decisions about their care. They told us that they were consulted about their care needs and the levels of support they needed. We were told that staff handled sensitive issues tactfully and worked alongside people. One person told us how their relative was consulted about how much and when they would like

to be helped. Their views were respected and care was delivered at their pace, by carers in whom they had confidence. New carers were gradually introduced but the person was in control of the process.

We observed staff seeking people’s views and waiting for a response before proceeding. We saw records which showed that people had been involved in the assessment and review process and that individuals wishes were recorded.

People told us that they were treated with dignity and respect. They described staff as, “polite” and told us that, “respect and dignity were given a high priority.” People told us that staff always knocked, before entering their homes, and were respectful when they were there.

Staff described how they ensured privacy and dignity by for example drawing curtains and closing doors before providing personal care. One member of staff said, “it is what I would expect, maximum privacy.”

We noted that the care observations which were undertaken by one of the management team looked at interactions and dignity and respectfulness.

Is the service responsive?

Our findings

People told us that they were supported to express their views and had a say in how they wanted to be looked after. One person said, “they do everything I want them to do.” People said that they had choice about who provided their care and where people wished to have gender specific care staff their preferences were always respected.

We were told that the service was very flexible and could respond quickly to changes in peoples needs. We observed the service responding to changes in one person’s requirements and increasing the levels of support.

Each person had their needs assessed before care was provided. We saw that people had a care plan in place which was signed by the person. The plans detailed key contacts such as family, GP, district nurse and other relevant professionals. The plans were informative and outlined clearly the levels of support required. The plans reflected individual’s views and prompted the carer to ask the person about their care and to offer choices. A range of activities were provided on the premises and people were supported to access these, if they wished.

We saw that the care plans were regularly reviewed and had been updated to take account of changes. There were some gaps in staff recording but this had already been identified by the manager and they were monitoring this closely. The duty manager had oversight of the care on a daily basis and people told us that communication between staff was good and that they worked as a team.

People told us that they knew how to make a complaint and expressed confidence that issues if they arose would be addressed. Everyone we spoke to told us that the management were approachable and accessible. One person said, “they ask me if I have any complaints but I haven’t.” Another person said, If I had problems they would be sorted, they’re very helpful.”

We saw that the complaints procedure was displayed but were told that no complaints had been made. The manager told us that they tried to deal with issues at an early stage but confirmed that should a complaint be made it would be used as an learning opportunity.

Is the service well-led?

Our findings

People told us that the service was well managed and the care they received was good.

The service had clear aims and objectives. These include supporting people to be as independent as possible in their own homes. These aims were understood by staff and the feedback we received was that they were putting these into practice. People were positive about the support that they received and told us that the approach was person centred and inclusive.

Staff told us that the manager was approachable and kept them informed of any changes to the service or the needs of people. The manager was open and transparent about some of the shortfalls that had been identified in relation to recording but had a clear plan in place to address the issues. We identified some concerns about recruitment procedures and the manager immediately took action to ensure that people using the service were not placed at any further risk.

The registered manager understood their responsibilities and was supported by a number of duty managers who were on site 24 hours a day. Staff were clear about what was expected of them and were motivated and positive about their role.

The levels of oversight by the manager were adequate of the size of the service currently. The manager was aware of the areas that needed to improve and the feedback we received about the quality of care was positive. However as the service grows the manager will need consider using a more integral quality system to drive improvement.

The manager monitored the quality of the service by regularly speaking with people to ensure that they were happy with the service they received. However these discussions were not formally recorded. Reviews were also used as an opportunity to discuss people's experience and identify any learning; we observed comments made on review documentation. Observations were undertaken on carers practice on a regular basis and issues taken forward through the supervisory process.

The area manager undertook visits to the service and sampled documentation such as care plans. Staff were given questionnaires to complete and where areas were identified as outstanding actions were agreed with the manager.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People who use the service were not protected from the risks of unsafe care because the recruitment procedures were not adequate. Regulation 19(3)</p>