

Your Life Care Solutions Limited

Your Life Care Solutions

Inspection report

5 Grange Way
Colchester
Essex
CO2 8HG

Tel: 01206273717

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23 January 2020

24 January 2020

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12 February 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Your Life Care Solutions is a supported living service which provides personal care to people in their own homes. The service comprises of a mixture of single and shared accommodation in the Colchester area. The largest property being a six-bedroom country house, which also included an office and training room for staff.

The age group of the 18 people using the service, ranged between 18 – 29 years at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Relatives told us they would recommend the service to others, one told us they would, "Most definitely," recommend the service, "I am really pleased and its really well run...very good at communicating... very good with all the service users, running really well."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported by staff who knew their needs well and had received training and understood how to report abuse. The provider took learning from any safeguarding incidents, to reduce the risk of it happening again. There were safe systems in place to ensure people received their medicines as prescribed.

There were suitable numbers of staff who had been recruited safely to meet people's contracted hours. The provider had assessed the risk to people associated with their care and support, including risks associated with their health and environment. Staff were knowledgeable about these risks and knew what to do to minimise risk, whilst promoting independence.

New staff received a comprehensive induction, which included getting to know the needs of the people they would be supporting. Systems were in place to ensure staff received ongoing training to keep their skills updated and reflected best practice. Staff felt well supported and benefited from having their own in-house trainer, who had an in-depth knowledge of the people they supported. This meant they could tailor the training to support people's individual needs.

Staff demonstrated a good insight into people's nutritional needs. People were supported to choose, shop and where possible, prepare their meals.

Management and staff we spoke with, were knowledgeable about people's care and support needs and what was important to them. We observed good, caring, person focused interaction from staff who were motivated and enjoyed their work, which enhanced people's wellbeing. It reflected what relatives and professionals told us, and our own observation. Staff respected people's privacy and encouraged independence.

Systems were in place to ensure people received a comprehensive assessment and person-centred support, as they made the transition from family carer/education to supported living. People's support plans provided staff clear with guidance on what was important to the person and the level of support they required to meet their holistic needs and goals. Staff were aware of people's individual communication needs, including the aids they used to support them in having a voice and making their needs known.

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; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider and registered manager were aware of their responsibilities and acted on improvements they had identified through outcomes of safeguards, quality and safety audits. People, relatives and staff had a say in how the service was run and felt listened to. The leadership fostered an open and honest culture and were motivated in listening and acting on feedback to drive continual improvements. The provider worked well with external agencies and organisations to support people's health and wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 January 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Your Life Care Solutions

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, 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.

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 22 January 2020 and ended on 12 February 2020 when we gave feedback to the provider. We visited the office location on 22 and 23 January 2020. We visited people using the service on 24 January 2020 where we were able to observe interactions with staff. During the period leading up to feedback, we contacted a sample of relatives and professionals to hear their views of the service.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met seven people who used the service and spoke with five people's relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, service manager, house co-ordinator, support workers, and human resource officer. We visited two supported living sites and two individual flats. We used general observation whilst visiting, and meeting people to observe their interaction with staff.

We reviewed a range of records. This included records relating to four people's care and support. 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 training, complaints, compliments, health and safety audits, safeguarding investigations, minutes of meetings and survey feedback.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two of the healthcare professionals we had contacted about their overall views of the care and support being delivered at the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe. One relative said their family member, "Would tell us," if they were unhappy. Another told us, "I know [family member] is happy and safe there...What I like about it is [their] home and [family member] does feel safe."
- The provider had systems to safeguard people from abuse. Records showed where staff had identified concerns about people's welfare, it had been acted on, and reported to the relevant agencies.
- The provider told us any safeguarding incident, "You can't walk away without a lot of reflection," using any learning to drive continual improvements. This included where driving was required as part of their role, extra checks had been put in place to check staff were reporting any driving offences. With any non-disclosures leading to disciplinary action.
- The registered manager described how keeping people safe underpinned all their training. Supervisions and staff meetings were used as forums to ensure staff's level of understanding and reinforce their accountability in reporting any concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed through the provider's qualified health and safety officer. Where risks were identified, staff were given clear guidance on supporting and minimising risk. This included reminding staff to support people in checking the use by date/condition of perishable foods to ensure they were safe to eat.
- People's support plans included risks associated with their environment, health conditions such as epilepsy and generic disorders, sporting activities, accessing the community and behaviours that could challenge the service and others.
- A relative told us staff, "Manage difficult behaviours well." They, and other relatives, attributed this to staff knowing people well, including any potential triggers and taking pre-emptive action. For example, using distraction techniques; which we observed being used successfully, resulting in good outcomes for the person.
- Where people had behaviours that at times challenged the service, detailed assessments were completed in line with positive behaviour (PBS) principles. Including identified triggers that could make the person upset or angry, and guidance for staff on how they could help de-escalate situations.

Staffing and recruitment

- The provider followed safe recruitment practices. New staff underwent checks to ensure they were safe to work with vulnerable people.
- Relatives provided examples of where a high use of agency staff, had a negative impact on the quality of

care and support people were receiving. However, they told us it had now been addressed, through positive, proactive recruitment, resulting in zero agency use. One relative said the service had now, "Built an amazing team...now got a really good solid team." Another told us, "They have the right amount of staff for their needs," and had not seen agency staff for a few months.

- The provider told us they had, "Turned recruitment around," by offering pay incentives and career progression, which had supported them in attracting suitable applicants.

Using medicines safely

- People's medicines were managed safely to ensure they received them as prescribed.
- Relatives told us they were not aware of there being any problems with their family member's medicines. One relative commented staff assisted people, "Really well," based on people's individual needs and support.
- Each person had a medicine support plan, and their mental capacity assessed to the level of support they required. Where a person was given their medicines covertly, paperwork was in place to support why the best interest decision had been made and was being kept under review.
- Staff who administered medicines were trained and had their competency checked annually by the management team to ensure their practice was safe.

Preventing and controlling infection

- The provider had suitable arrangements in place to prevent and control infections.
- Staff received infection control and food hygiene training, and checks were carried out to ensure they put their training into practice. A staff member said they, "Always," had access to personal protective equipment such as disposable gloves, aprons, hand wash and cleaning products.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. They were recorded and analysed for any themes and potential triggers, and the information shared with the staff team.
- As part of shared learning and looking how they could reduce the risk of reoccurrence, for example, a person's environment had been reassessed, to ensure any potential hazards were removed.

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.

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

- The provider worked with the person, their relatives, health, social and educational professionals, to support a thorough assessment of the person's holistic needs, including religious beliefs, to ensure they were able to provide the right level of support.
- The period of assessment and 'transition' to the person moving into support living, could take months, as the provider told us, "Trust is the key point." Therefore, during the initial period, the person was introduced and supported by the same core group of staff, which was expanded, as the trust grew.

Staff support: induction, training, skills and experience

- Staff were trained and supported to undertake their roles. A relative told us they felt the staff had the right skills and knowledge, "They are excellent, absolutely excellent... can tell on the odd occasion where [a staff member] is not so confident, but very rare." A professional told us, "The management team appear to provide the team with a lot of support and input." They said during their involvement with the service they had found the staff's knowledge and skill base to be good.
- The provider aimed only to employ experienced staff who demonstrated the right values during their interview. New staff were assigned a mentor and inducted into their role and given appropriate support from senior staff during the process. A staff member described their induction as, "Good... a lot of training working with someone," shadowing.
- To meet people's needs and keep them updated in best practice, staff completed regular on-going training through e-learning and face to face. A staff member told us they felt, "Really supported," in their role.
- Staff were positive about having an in-house trainer and training facilities as it enabled them to discuss practice scenarios, and tailor the training to the people they were supporting. The minutes from a staff meeting in September 2019 showed staff had asked for some specialist training in dealing with crisis in small enclosed spaces. The registered manager confirmed the "Training was taking place now."

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

- People's support plans provided information about their individual needs and preferences relating to food and drink.
- Where generic disorders could impact negatively on a person's eating habits, staff received clear guidance on the level of support to be given. Staff demonstrated a good insight into people's dietary needs and preferences, especially where certain foods were known to have a negative impact on behaviours.
- People were supported on an individual basis to plan their menus, to shop encouraging health food

choices, such as low-fat equivalent, and where possible, assisting staff to prepare their meal. One person showed us in picture format their menu choices for the day, including what they were having for breakfast, which they then prepare with staff offering assistance as required.

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

- Systems were in place to ensure people received person centred care and support when moving to another service, or healthcare provider. The registered manager said by working closely with the person's new provider (where possible), ensured a smooth transition, for the person and positive outcomes. This included supporting the person to get to know the new staff and sharing information that they had built up over time.
- A relative spoke about the, "Good links", staff had made with the local hospital disability nurse, which resulted in positive outcomes for their family member in accessing treatment.
- The National Autistic Society's hospital passports were used to support people accessing acute services, to support health professionals in knowing about the person and what was important to them.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of healthcare services when needed to maintain their health and wellbeing. This included dentist, GP, behavioural therapist, specialist nurses and doctors.
- A relative said because staff knew people so well, they were aware, besides the usual physical signs that a person may be unwell, they also took into account any behaviour changes, which could be another indicator and, "Straight away get a doctor out."
- People's support plans provided information about any contact with health professionals, including any outcomes and recommendations. A relative said they were made aware of any appointments and health reviews, which gave them the option to attend with staff.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed where people were subject to restrictions, the service had made suitable referrals and were awaiting them to be assessed. The registered manager was aware, if authorised, they were to notify the CQC, and ensure any recommendations were actioned.
- People's capacity was assessed and recorded in their support plan. Where people lacked capacity, best interest meetings were undertaken with the relevant people. For example, areas such as managing money, personal hygiene, and medicines.
- Staff had received training and understood their responsibilities under the principles of the MCA and ensured people's rights were protected.

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 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

- Relatives told us people were treated well, and their diverse needs were respected. One relative said their family member was, "Very happy being there." Another relative told us their family member, "Responds to love and warmth." They praised the registered manager for being, "Very good at picking those people [staff] who can emotionally engage."
- Another relative, told us staff, "Interact really well, engage really well, don't just sit there." This was our observation, staff were very attentive and focussed on the people they were supporting. Staff instigated conversation, and were aware of the importance of people's routines, and what could impact on their wellbeing, using humour and reassurance where appropriate,
- Staff were provided with a copy of the service's mission statement, which included, 'we will endeavour to provide individual quality care, regardless of age, gender, ethnic origin, frailty or disability.'
- Minutes from staff meetings showed it was used as a forum to discuss personal boundaries and reminding staff, to be respectful of people's homes and possessions. This included, 'remember we are guests in the service user's home and are here to enhance their lives.'

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

- People and their relatives were fully involved in making decisions about care and support, from pre-assessment then on going; day to day and through care reviews and informal meetings. One relative felt fully involved saying it was a, "Very interactive process between the parents and carers," meeting up often.
- People were given time to express themselves. Staff respected people's choices about their care and day to day options, such as how they wanted to spend their time or where they wanted to go.
- People's support plans provided staff with guidance on how they were to support people to make decisions. Such as, 'I prefer to be given two options when being asked a question so I can choose what I would like.'
- Where people did not always use words to communicate, we saw how staff used their knowledge of people's non-verbal communication to assist them in understanding how the person wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Where a person went to their bedroom to change, the carer stood outside the closed door, ensuring the person's privacy, whilst being available if required.
- The service promoted independence and people were supported to carry out /learn daily living tasks such as shopping, cooking, cleaning, and laundry.

- A relative told us how staff encouraged their family member, "To do as much as they can...Does all [their own] shopping, plans meals for the week, helps with the cooking... helps with cleaning."
- A relative, after their family member had moved on from the service, had written thanking the staff for their dedication and everything they had done, 'With you [family member] made great strides towards being independent in so many ways.'

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 remained the same. 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

- Management and staff understood people's needs, demonstrating a good understanding of the people they supported. People, their relatives and where applicable social and health care professionals, were involved in the planning of care and review process.
- A professional felt the service was, "Very good" in supporting people with complex needs, providing examples of the, "Fantastic job," staff were doing, resulting in good outcomes for people.
- Each person had a support plan, written in the first-person, to assist staff in relating to them as a person; which underpinned the ethos of the service. The initial comprehensive pre-assessment formed the foundation of the support plan. A staff member said they, "Go through it [support plan] every month, we all sign to say we have read it all."
- The contents of the support plans were continually developed, providing staff with clear guidance on what was important to the person, and ensuring people received the right support in line with their choices.

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

- Staff supported people to access the local community, enjoy active lives, and develop and maintain relationships with friends and family. This included visiting/staying at their family home, going out socially with friends, going on holiday, attending social clubs, and working as a volunteer.
- Staff encouraged people to socialise and take part in activities that would support their interests and wellbeing. One professional told us people using the service were, "Always off out and about and interacting within their environment in a positive manner."
- One relative told us their family member, "Goes out every day." Another said their family member had a, "Nice packed timetable," which caused them problems in trying to arrange when they could meet up.
- One person told us they were looking forward to trying a new activity; archery. A relative confirmed staff encourage people to try, "A lot of different activities." People's social needs were assessed, and they were supported to complete weekly activity plans.

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's communication needs were assessed and recorded in their support plans to ensure appropriate support was provided where needed.

- Before staff introduced us to people using the service, they made us aware of the person's communication needs and how to respond appropriately to reduce any risk of anxiety. For example, one person liked to be greeted with a 'High five and a smile.'
- The service used a range of communication tools to support people, this included PECS, a picture exchange communication system to support people with autism.
- Other communication systems used included social stories, picture boards, Makaton and electronic tables; all of which we observed people using to communicate with staff.

Improving care quality in response to complaints or concerns

- A relative told us when they did raise any issues it was dealt with in a, "Very open and inclusive way to ensure it is resolved...handled it well."
- The provider had a complaints policy in place, which was also made available in easy read format; a copy of which was held in people's support plans. The policy outlined how complaints would be investigated and responded to.
- Complaints were recorded, including outcomes and actions taken which gave a clear audit trail. However, not all concerns were being recorded, therefore did not give a true reflection to show any themes, actions taken and learning. The provider put systems in place straight away to ensure all concerns were recorded.
- Discussions with the management identified due to the close contact they had with relatives, any concerns were dealt with at the time, to prevent it escalating into a formal complaint.

End of life care and support

- The service did not usually support people with end of life care.
- The age group of the people using the service ranged between 18 – 29 years at the time of the inspection. No one was receiving or identified as requiring end of life support.
- The registered manager explained, if needed, staff would liaise with the person's parents and health professionals to ensure people received the support they required. Any decisions if a person became gravely ill, would be made by the person's advocate [In this case their parent].

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

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

- Relatives had confidence in the management of the service and spoke highly about the person-centred culture. One relative who told us they would absolutely recommend the service to others, explained, "From the top there is a positive ethos that this is their home, this is their life."
- This reflected other relative's feedback, who told us the provider listened to their concerns and took action to address them. That they had seen noticeable improvements during the last six months as a result. Such as addressing the staffing problem, "Very good, definitely improved...staff don't seem stressed, morale seems much better."
- The provider told us they had taken action to deal with the root cause why staff were leaving, which included offering a "Pay and bonus scheme." They had changed the deployment of staff to ensure a more even balance during their shift of supporting people with intensive complex needs, to prevent staff getting, "Burnt out."
- A professional described the provider as, "Very passionate... it's not about the money, it is what's right for the service user," which was our observation.

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 their responsibility regarding duty of candour and a culture of openness and transparency was promoted at the service. Where incidents had occurred, the leadership had openly shared the details with the relevant people.
- Relatives told us the management team were always honest with them and kept them updated on any incidents impacting on their family member's welfare. One told us, "Really good, really honest with me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management and staff were clear about their roles and responsibility in providing a good quality service.
- Relatives, staff and professionals were complementary about the way the service was run. One relative told us, "They are fantastic at managing" saying if they have any concerns they were, "Immediately dealt with."
- Staff told us they enjoyed their job and felt supported. One said, "I enjoy my work...team building is very good."

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

- The provider and registered manager positively encouraged feedback, acting on it to continuously improve the service and people's experiences.
- The service used a range of forums to do this, including observing practice, care reviews, meetings, staff supervision and provider feedback surveys.
- A relative said they felt, "Very much involved, asked our views, what we feel... Always looking to improve."
- The provider, registered manager and other senior staff carried out regular checks to monitor staff practice ensuring they were providing high-quality, safe and effective care. Where the checks identified any areas for further learning and improvement, this was addressed. This included reminding staff to sign to confirm they have read documents.

Working in partnership with others; Continuous learning

- The staff worked in partnership with a range of external professionals to ensure people's health and wellbeing including learning new skills. This included health and social care professionals, teachers, voluntary organisations and vocational training centres.
- The provider said overall learning from safeguarding incidents, had led them making changes to their managerial structure. By appointing a new registered manager, it had enabled them to step down from the post and share the oversight of the service, "Two sets of eyes looking at everything," as well as focusing on training.
- The provider was putting processes in place to train 'behaviour support champions' for each of their supported living service, to monitor and support staff to deliver care in a therapeutic supportive manner.