

PuttingYouFirst Ltd

# Your Life Your Way

## Inspection report

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Date of inspection visit:

11 October 2017

12 October 2017

13 October 2017

16 October 2017

17 October 2017

Date of publication:

08 January 2018

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on the 11, 12, 13, 16 & 17 October 2017 and was unannounced on the first day of the inspection. This service had not previously been inspected.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, people living with a learning disability and children. Not everyone using Your Life Your Way receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had three registered managers in post. One of the managers had been registered with the CQC since October 2015, and the other two had registered in May 2016. 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.

During the inspection we identified breaches of Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all people we spoke with were confident that either they or their relatives were adequately protected from harm. At the time of the inspection there were safeguarding investigations underway in relation to poor care planning and risk assessing for people with complex physical and behavioural needs. Some people did not have care records in place within their homes, or old care plans were being used whilst up-to-date ones were being developed. This meant that important information around risk management and people's individual needs was not always available to staff. This placed people at risk of not receiving the care they required. In one example, a person was placed at risk because their care record did not contain adequate information about monitoring their continence needs, whilst another person's care record did not contain the correct information about the setting their ventilator needed to be on to aid with their breathing.

People's care records did not always contain personalised information relating to their preferences, life histories or preferred daily routines. This meant that information was not always available to enable staff to work in a way that was in line with people's preferences.

The processes in place within the organisation were not always person-centred. People and their relatives commented that they did not find the service responsive when they tried to contact them to raise issues. They told us their phone calls were not always returned, or they felt unclear who they needed to speak to about their concerns. One person's relative told us they had been made to feel like a "nuisance", whilst others told us of unprofessional conduct in some of the contact they had with the organisation.

Some staff we spoke to told us that managers were not always available in the event of an emergency. The registered provider had an 'on call' system in place where staff could contact a member of the management team for support where an emergency occurred out of hours. However staff told us managers did not always respond when they used this. This placed people and staff at risk of harm.

Staff were not always clear about who their line manager was. In some examples this had resulted in disruptions to the care teams supporting people. The discussions we had with both people and staff showed that the organisation did not always ensure a smooth transition into the service for new packages of care. This had resulted in low staff morale amongst those staff who were supporting newer packages of care, and lower satisfaction amongst people and their relatives who had more recently started being supported by the organisation. Comments from people who had been using the service for longer periods of time showed that they had initially experienced similar issues.

Audit systems were in place, however these had not been robust enough to identify and address the issues identified by the local authority safeguarding team, or the issues identified as part of the inspection process. The registered provider had commissioned an external quality monitoring service to support with identifying areas that required improving, and had taken action in response to the report that had been produced.

You can see what action we told the provider to take at the back of the full version of the report.

People received their medication as prescribed. Staff had been assessed to ensure they were competent to do this. However we observed that protocols for PRN ('as required') medicines did not always provide all the information required. These provide details to staff on when and how much medication to administer. We raised this with the registered provider for them to address.

People told us that staff were "excellent" and that they were good at providing the care and support required. The comments from people and their relatives highlighted that there was a stark contrast between the quality of the care being provided by staff, and the interactions they had had with the registered provider.

We observed positive interactions between people and staff where people appeared relaxed and at ease in the presence of staff. Staff offered people choice and control over their care needs and promoted their independence where able. This showed that positive relationships had developed, which upheld people's dignity and human rights.

Staff had received the training needed to carry out their role effectively. There was an induction process in place which included a period of shadowing experienced members of staff. The induction also included the standards required by the Care Certificate. This is a national set of standards that all care staff are required to meet.

Recruitment processes were safe. New members of staff had been required to provide two references, one of which was from a previous employer. This had also been subject to a check by the disclosure and barring service to ensure they were not barred from working with vulnerable people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were not always protected from the risk of harm because adequate risk assessments were not in place in relation to their needs.

Support was not always provided to people and staff in emergency situations that occurred outside of normal working hours.

People received their medication as prescribed, however the registered provider needed to ensure that protocols were put in place for certain medicines.

### Is the service effective?

**Good** ●

The service was effective.

Staff had received the training they needed to carry out their role. People confirmed that staff were good at their jobs and provided the support they needed.

People's rights were being upheld in relation to the Mental Capacity Act 2005.

People had been supported to access input from health professionals where required.

### Is the service caring?

**Good** ●

The service was caring.

Positive relationships had developed between people and staff.

People told us that staff treated them with dignity and respect.

People's confidentiality was protected.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People told us they did not always know who to contact within the organisation with any concerns they may have.

People told us that their calls were not always returned, or that they were not always treated in a professional manner when raising concerns.

Activities were provided to people which helped to protect them from social isolation.

**Is the service well-led?**

The service was not well led.

Audit systems had failed to identify and address issues found by the local authority safeguarding team, or by the inspection process.

People and their relatives did not always feel well supported by the registered provider.

The morale amongst some staff was low, and there were not always clear lines of accountability in place for staff.

The registered provider had a set of visions and values in place which they were failing to uphold.

**Requires Improvement** 

# Your Life Your Way

## **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 checked 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 was prompted in part by an increase in safeguarding notifications being received from the local authority. The information shared with CQC indicated potential concerns about the management of risk in relation to people's continence. The information also raised concerns around the provision of care to people with complex health needs, and staffing levels. This inspection examined those risks.

The inspection was unannounced on the first day, but announced on the other days of the inspection. Inspection site visit activity started on the 11 October 2017 and ended on the 17 October 2017. We visited the office location on the 11, 12 and 17 October 2017 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one adult social care inspector, an assistant adult social care inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we spoke with two local authorities to get their view of the service. One of the local authorities gave us an update on the safeguarding concerns. We also spoke with the local clinical commissioning group (CCG) who did not raise any concerns about the service with us.

During the inspection we looked at 12 people's care records and 11 staff files. We spoke with nine people over the phone, and six people's relatives. We visited six people in their own homes and spoke with two people who were visiting the main office. In addition to those relative we spoke with over the phone, we spoke with three more people's relatives whilst visiting people in their homes. We spoke with 11 staff, the registered managers and the company directors. We also looked at other records relating to the day-to-day running of the service, such as audit systems.

# Is the service safe?

## Our findings

Some people we spoke to told us that the support they received from Your Life Your Way made them feel safe, however we also spoke to people and their family members who did not feel safe and well looked after. Some people's comments included, "Yes, I feel safe with carers", "Absolutely, I feel safe" and "Care staff are great". However; other comments were not so positive. One person told us, "I know what I need my care to provide, and this isn't it". One person's family member commented, "It doesn't feel like [Your Life Your Way] are in control of [my relative's] care", whilst another person became tearful, telling us, "The care to [my relative] has not been good enough".

Adequate risk assessments were not always in place regarding people's needs. In one example a person with very complex needs did not have an up-to-date care record in place within their home, despite the service having supported this person for three months. This person's family member told us that staff were using the care plans from a previous agency as an interim measure whilst a new one was being developed. During the inspection the local authority safeguarding team raised a safeguarding concern because another person's care record did not contain up-to-date information regarding their ventilator settings. In another example, no risk assessments were in place for one person who exhibited behaviours that challenge. A member of staff showed us a large scratch they had sustained whilst the person had been unsettled. This meant that relevant information needed by staff to keep people safe was not available to them.

People were not always being adequately safeguarded by the registered provider to ensure their wellbeing. At the time of the inspection the local authority were looking into concerns relating to poor care planning for three people using the service. This was because up-to-date information was not available within people's homes regarding their care needs. One person's care record did not contain information about how staff needed respond where a person became constipated, which had resulted in staff not taking appropriate action to ensure this person's health. In another example we also identified that processes within the service had not been adequate to ensure a person's safety where there had been a medication error. This had placed the person at risk. One of the registered managers had completed an investigation into this; however this did not adequately explore the issues around this incident. We raised this with the registered manager for them to address.

We spoke with staff who told us they did not feel able to rely on the on call system. 'On call' is where staff are able to contact a member of the management team out of hours for support in the event of an emergency. They told us that this could be "50/50", and that there had been two occasions where the manager on call had not answered. Whilst no one had come to any harm because of this, there was potential for this to compromise the safety of both staff and people using the service. We raised this with the registered provider for them to address.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate action was taken in response to incidents to ensure people's wellbeing was maintained. In

examples where staff failed to take appropriate action, this had been identified and raised as part of the disciplinary process. This helped to protect people from the risk of harm.

People confirmed that they received their medicine as required. Staff who administered people's medication had received the training required to do so safely. Competency assessments were in place to ensure that staff had the skills and knowledge to administer medication appropriately. However we identified that PRN ('as required') protocols did not always include the maximum dosage to give to people within a 24 hour period. We did not observe any examples where this had impacted upon people, however there was potential that people may not receive their medication as prescribed because clear instruction was not available to staff. We raised this with the registered provider so that they could address this.

Whilst we identified issues around ensuring people were adequately safeguarded, staff knew the different types of abuse that could occur and how to report any concerns they had. There had been examples where staff had appropriately identified safeguarding issues and had acted promptly to ensure people's safety and wellbeing was being maintained. This showed that some processes were in place to protect people from the risk of harm.

The registered provider had a recruitment process in place which ensured the safe recruitment of staff. New staff had been required to provide two references, and were subject to a check by the disclosure and barring service (DBS). The DBS informs employers if staff have any previous criminal convictions or are barred from working with vulnerable groups of people. This enables employers to make informed decisions about people's care.

People confirmed that there were enough staff in place to meet their needs. A majority of people confirmed that staff turned up on time. The registered provider was in the process of implementing an electronic call monitoring system. This highlighted to the registered provider where staff had not electronically signed in to show they had attended a person's care call. In situations where this occurred office staff contacted people to ensure the call had been attended.

Staff had received training in infection control procedures and people told us they wore personal protective equipment (PPE) such as disposable aprons and gloves as appropriate, whilst attending to their personal care needs.



# Is the service effective?

## Our findings

People commented that they felt staff were well trained and good at their jobs. Their comments included, "They are very well trained for what I need, they hoist me and I have all the equipment, they cook all my meals just what I ask for" and "My condition varies from day to day but my carer is brilliant and knows what they're doing". People's relative's also commented that staff had the skills needed to carry out their role. Their comments included, "They are well enough trained for what they do", "They seem alright, they are pretty professional about what they do", "The competency of staff is good" and "Staff are excellent".

There was an induction process in place for new staff. This met the standards required by the Care Certificate, which is a national set of minimum standards expected of care staff. New staff also undertook a period of shadowing experienced staff. This helped ensure that new staff had the support they needed when starting their new role.

The registered provider had a contract with a trainer who delivered training to staff and ensured that they were competent to carry out their roles and responsibilities. Staff received training in areas such as safeguarding vulnerable adults, moving and handling, infection control and life support. Personalised training was also provided around people's individual needs. For example where people required the use of a ventilator to support with their breathing, or a suction machine to drain oral secretions.

Staff files showed that supervisions had been carried out with staff. Supervision allows staff the opportunity to discuss training or development needs they may have. It also enables management to set objectives or raise any performance related issues.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community based settings, where restrictions are placed on people's liberties authorisation is required from the Court of Protection. The registered provider demonstrated that they had identified where these were required and had taken the appropriate action in line with the law.

People's care records did not always contain information relating to their mental capacity or ability to make decisions about their care. It is important that this information forms part of the care planning process to ensure that support is provided in line with the MCA. However, we spoke to staff who demonstrated a good knowledge of the MCA, and the importance of ensuring people were offered choice and control in relation to their day-to-day care. For example, we observed one member of staff asking a person what activity they wanted to do for the day. In another two examples we observed members of staff supporting people to

articulate and discuss their own views on care being provided. We discussed the content of care records with the registered provider who informed us these would be reviewed.

People's records showed that where required staff provided appropriate support with their nutrition. Plans were in place for those people who required nutrition and fluids to be provided via a Percutaneous endoscopic gastrostomy (PEG) feed. This a tube which goes directly into a person's stomach. This plan had been developed by a trained professional. Staff we spoke with were familiar with these plans and how to support these people with their nutrition.

Staff had received training in food hygiene, and we observed that kitchen areas in people's homes were kept clean by staff. Staff demonstrated a good knowledge around providing people with a balanced and nutritious diet. In examples where people required a special diet this was included in people's care records. This helped ensure that people's dietary needs were appropriately met.

People were supported to access health and social care professionals where required. For example a member of staff had helped one person to access accident and emergency services in response to an injury they had sustained. In another example staff had involved support from a psychologist in developing a plan of action around supporting behaviours that challenge.

# Is the service caring?

## Our findings

People informed us that staff were kind and caring towards them. Their comments included, "I think I am very lucky. I think the carers are very, very good", "They are polite to me", "They are all very pleasant" and "The carers are very good, I'm very happy with them". People's relatives also spoke positively about the staff. Their comments included, "Carers are excellent", "They always treat [my relative] with dignity and respect" and "They are brilliant. Really friendly".

Positive relationships had developed between people and staff. One person's relative told us, "They are very nice with [my relative]. They have been coming so long you do develop a relationship with them." Whilst another person commented, "They always sit and have a chat with me". We observed staff and people interacting with each other in a positive and familiar manner which showed that relationships had developed. For example we observed people laughing with staff, whilst another person drew pictures of their favourite staff members to express how much they liked them.

People told us that staff treated them with dignity and respect. Staff spoke with warmth about the people they supported, and talked about the support they provided in a dignified and professional manner. For example, one member of staff encouraged people to engage in social activities, but allowed people to make choices for themselves about what they wanted to do. Staff were able to give appropriate examples regarding how to ensure people's dignity and respect was maintained during personal care tasks, for example by ensuring doors and blinds remained closed.

Staff worked in a way which promoted people's human rights. One member of staff spoke knowledgeably about a person's needs in relation to a healthcare need, telling us that pain relief was made available where needed, along with other products needed to support them. Staff told us that people were given privacy where needed. For instance we observed examples where staff were on hand to offer support, but people had been able to choose to spend time on their own without staff.

The registered provider had a policy in place around the accessibility of information for those people with a disability. During a review of people's care records we observed examples where pictures had been used to help convey information in a manner which people could understand. This helped ensure that people's needs were met in relation to the accessible information standard, which places a legal obligation on organisations to ensure information is accessible for people living with a disability.

People's confidentiality was protected. Records containing personal information which were kept in the main office were stored in a secure room. Computers were password protected, and electronic data was backed up to ensure that it could be accessed in the event of an emergency. Staff we spoke with were mindful of protecting people's privacy and told us they would not discuss people's needs outside of a work setting. One person told us, "Staff never discuss other people's needs with us which is good". Other people confirmed that this was the case.

## Is the service responsive?

### Our findings

People told us that care plans were not always available in their homes. One person's relative told us that their relative had been using the service for five months, however a care plan had only been made available to them during our inspection. Another person told us, "I had a care plan but I needed a new one so they came and wrote it up but I still don't have it and it was months ago". In another example one person's relative showed us that staff were using a care plan from a previous agency whilst a new one was in the process of being written. We raised this as an issue with the registered provider as it is a requirement that staff have access to information regarding people's needs so they know how to support them.

Where care plans were in place these did not always include relevant and up-to-date information about people's care needs. In one example a person required oxygen, however their care plan did not provide details around this. In another example a person requiring a ventilator did not have the correct settings recorded in their care plan. This was remedied as part of a safeguarding investigation. In another example, one person who exhibited behaviours that challenge did not have appropriate care plans in place around how staff should support them with this. In another example one person's care record was written in a very clinical manner, and not well worded to ensure the information was accessible for staff, who were not clinically trained. It is important that staff have access to information around how to support people so they know what tasks need to be completed.

Some of the care records we looked at contained personalised information around people's likes, dislikes and preferred routines, however others did not. For example, one person's care record stated that they "like most foods that are tasty" and they "like a balanced and healthy diet", without elaborating on what this meant. In some people's homes where care records were not present this information was not available to staff. It is important that personalised information is made available to staff so that they can work to people's preferences, and help facilitate positive relationships

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A complaints process was in place, and we saw examples where the registered provider had responded to people's concerns in a timely manner. However other people we spoke to commented that whilst they found staff responsive to their needs, they did not find the registered managers or registered provider to be very responsive. One person's relative told us they had raised concerns "Three weeks ago", and had only had just been contacted back whilst we were conducting the inspection. Other people commented that when they contacted the service, they could not get through to anyone, or did not receive a return call. Other people told us that the communication they did receive was not professional. For example one relative showed us that one of the registered managers had communicated important information via a brief e-mail, where a telephone call would have been more appropriate. In another example a relative told us they had been made to feel like a "nuisance" for raising concerns about their loved one's care. Following the inspection the registered provider was able to demonstrate that they had implemented appropriate strategies to improve in this area, for example through staff training and restructuring within the

organisation.

We recommend that the registered provider seek advice and guidance around managing and responding to people's concerns and enquiries.

We observed examples where staff supported people to engage in social activities. For example we met some people who told us that they enjoyed going to spend time in the office where they were supported to complete admin tasks under the supervision of full-time office staff. In these examples office staff demonstrated a good knowledge of people's needs and how to support them. Other people told us that staff played computer games with them, or took them to the gym to help them keep fit and healthy. One person had been supported to find employment in a shop where they worked during the week. In another example one person told us that they liked to get out of the house every day. During the inspection we observed this person being supported by staff to go for a walk.

## Is the service well-led?

### Our findings

At the time of the inspection there were three registered managers in post, two who had been registered since May 2016 and one who had been registered since October 2015. People commented positively on the staff that supported them, but did not speak highly of the organisation. Their comments included, "I've tried contacting them but don't get any response really", "You ring and you never get called back", "They don't get back to me when I call", "My main complaint is the communication, it's awful, you ring and ring the office and they don't answer or you get someone and they say they will ring you back and they don't, you just don't get anywhere" and "Contact from the manager has been poor". We raised these comments with the registered provider so they could act to make the necessary improvements.

Staff gave mixed views around the support they received from management, and whilst some staff knew who their line manager was others did not. This meant that clear lines of accountability were not in place for all staff. One person's relative told us, "The competency of staff is good, despite how they are supported". Some staff provided examples where changes to rotas were being made by both family members and by Your Life Your Way, which had sometimes resulted in staff turning up for work when they were not needed. One person's relative told us that a member of staff had left the organisation due to a change in pay which had not been communicated to them. Some members of staff commented that they did not always know who they were supposed to go to for support, and commented that there had been instances where management had not been available in emergency situations.

We identified that those staff supporting newer packages of care had lower morale than those who supported people who had been with the organisation for longer. We also identified that this was the same for people and their families being supported by the organisation. Comments from people who had been using the service for longer periods of time included, "The first year was chaos but this second year has settled down much better", "They have improved over the last 12 months, it was awful trying to get hold of them before" and "In the past the provider did not respond as quickly as needed". We raised this with the registered provider, suggesting that the process of transitioning into the organisation for newer care packages needed to be made more supportive for staff, people and their families.

The registered provider informed us there was currently a high staff turn-over within the organisation. The registered provider informed us they had recently started carrying out 'exit interviews' to establish how they could improve. At the time of the inspection, there had not been enough interviews completed to identify any common themes that may be contributing to staff leaving. The registered provider acknowledged there was an on going piece of work needed to develop, before the information could be used to improve staff retention and morale.

The registered provider had a statement of purpose in place which outlined their intention to ensure people were treated with "respect and dignity", whilst "maintaining professionalism". We raised with the registered provider how some of our findings in relation to poor communication had had a significant impact upon the wellbeing of people and their families. The registered provider acknowledged that some of our findings were not in line with their own visions and values. Following the inspection the registered provider confirmed that

they were in the process of making changes within the organisation to ensure that their own vision and values could be met.

There were some quality monitoring processes in place to monitor the running of the service. These processes had not always identified and addressed issues prior to their identification by the local authority safeguarding team, or those issues identified as part of our inspection. For example audits of care records were carried out on a three, six or nine monthly basis depending upon how complex the person's needs were. This process also included a discussion with the person receiving the care. However, this process had failed to identify that sufficient information was not always available in people's care records around managing risk, or how staff needed to support them. This placed some people at risk of incorrect care being provided. In addition the audit process did not include any commentary on previous audits to ensure that any previous issues had been dealt with satisfactorily.

Care audits did not include an in-depth analysis to identify any patterns or trends that might be apparent through repeated issues. For example, a robust process was not in place to ensure that medication administration records (MARs) were being signed, or that the correct procedures were being followed. With regards to PRN protocols, these did not always include all the required information such as the maximum dosage to be given within a twenty four hour period. These had not been identified as an issue by the registered provider.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had contracted an external agency to carry out a review of the organisational processes. This had identified a number of areas where the registered provider could be more effective. The registered provider was able to demonstrate where they had taken action to make improvements. For example, a new system had been implemented which acted as a 'to do' list to ensure required actions were recorded, and actioned within a specified time frame. Those that were not actioned flagged for the registered provider's attention so they could ensure these were followed through.

The registered provider carried out an annual survey to ascertain people's views of the service being provided. At the time of the inspection the results of the survey were being collated, however 22 people had participated. As not all of the results were available at the time of the inspection, we could not fully analyse the information. However; this showed that the provider had processes in place to hear people's views. The provider informed us that this information would be used to make improvements.

The registered provider had facilitated team meetings with staff to discuss any developments or issues that had come to light. The registered provider informed us that they would be holding a meeting with staff to discuss the findings of their most recent survey. This process was used to communicate areas of best practice with staff. In addition an employee newsletter was also sent out to staff, which included useful information, such as refresher information regarding safeguarding, or ways of recognising the signs and symptoms of a stroke.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People were not always treated in a person centred way. Care records did not always contain person-centred information.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always fully safeguarded against the risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not adequate to ensure the quality of the service was being maintained.