

Your Healthcare Community Interest Company Yourhealthcare Community Interest Company

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

YourHealthcare Community Interest Company offers a shared lives scheme which provides people with long term placements within shared lives carers (SLC) own homes. At the time of inspection, there were seven people receiving support with personal care from this service. In this report we refer to the shared lives carers as 'carers.'

The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

The service supported people to have the maximum possible choice, control and independence. Carers supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care:

Carers promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Carers understood how to protect people from poor care and abuse. Carers had training on how to recognise and report abuse and they knew how to apply it. Carers and people cooperated to assess risks people might face. Where appropriate, carers encouraged and enabled people to take positive risks.

Right Culture:

People received good quality care, support and treatment because trained carers and specialists could meet their needs and wishes. Carer turnover was very low, which supported people to receive consistent care from staff who knew them well. The provider evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18/10/2109) and there were breaches of regulation in relation to safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was not in breach of regulations.

Why we inspected

This inspection was carried out to look at improvements against the breaches found at the previous inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Care Service Provider on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Yourhealthcare Community Interest Company

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 2008.

Inspection team

This inspection was conducted by one inspector.

Service and service type

Yourhealthcare Community Interest Company operates a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 04 October 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two shared lives carers . We spoke with the registered manager and the head of service.

We reviewed a range of records. This included three people's care records and two staff files.

We requested additional evidence to be sent to us after our inspection. This included records relating to governance including policies and procedures.

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 requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found there were no comprehensive risk assessments in place to guide carers on the support people required to maintain their safety and risks to people were not identified and assessed as necessary. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 12.

- Risks to people had been re-assessed and included guidance for carers for mitigating the risk so people could be kept as safe as possible.
- The registered manager told us that since the last inspection, all risk assessments had been reviewed to ensure they captured areas that people were at risk of. These were reviewed annually.
- Risk assessments included details about the hazard, the risk rating and the actions needed to reduce the risk.
- The registered manager said they worked closely with health and social care services to develop and assess risks. There was evidence of professional involvement in care plans, including Occupational Therapy (OT) in developing functional assessments around mobility.
- Carers we spoke with were aware of the risk to people and how they would manage them.

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.

- People said their carers supported them in line with their wishes.
- Care plans and risk assessments were completed with input from people and carers and they were able to agree to their content or make any changes if appropriate.
- People's capacity to consent to their care was reviewed during annual care plan reviews.

Staffing and recruitment

- The provider operated robust recruitment procedures.
- The registered manager said no new shared lives carers had been recruited since the last inspection.
- The provider carried out Disclosure and Barring service (DBS) security checks on carers and additional family members on a regular basis which helped to assure people were safe. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Using medicines safely

- The provider operated safe medicines management systems.
- People told us carers supported them to take their medicines. Carers confirmed they completed medicines records when they had administered medicines which were then checked by the registered manager or care coordinator for any errors. This helped to ensure that people received their medicines as prescribed.
- Carers completed medicines training which meant they were competent in administering medicines. The registered manager said carers completed three medicines competency assessments before they were signed off as being competent and this was reviewed annually.
- People had annual health reviews which included assessing any medicines support needs.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help safeguard people from abuse.
- People told us they felt safe living with their carers and their families and considered it their home.
- Records showed carers had received safeguarding training and they demonstrated a good understanding of safeguarding reporting procedures. The registered manager said all carers were provided with contact details for reporting any concerns and also a copy of the whistleblowing policy.

Learning lessons when things go wrong

- The registered manager confirmed there had been no incidents and accidents to follow up.
- The registered manager confirmed there were systems in place to record and follow up on any incidents or accidents that occurred. Any recorded incidents were reviewed and investigated and managers met every quarter to review incidents and analyse them for any trends using root cause analysis.

Preventing and controlling infection

- The provider managed risks in relation to infection control, including those associated with COVID-19.
- Carers received additional training in relation to infection prevention and control and Covid-19.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found there were no effective systems in place to monitor the quality of the care delivery, including management of medicines, training. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 17.

- The provider had acted on the breaches from the previous inspection and made improvements in the way risk was managed and to its governance processes.
- Risk assessment forms had been introduced to reflect people's needs, these included environmental risk, health and safety and moving & handling assessments. These included action to manage the risk identified.
- The provider and registered manager demonstrated a commitment to learning and improvement. The registered manager had sought the input from Shared Lives Plus to come and review the service and to provide additional support and guidance on developing and improving the service. Shared Lives Plus is a UK membership charity for people living and working in Shared Lives care.

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

- There were systems in place to monitor the quality of service. These included supervision for carers, unannounced spot checks on placement, annual care plan and placement reviews.
- Medicines and financial records were completed by carers and checked by the registered manager or care co-ordinator on a regular basis for accuracy. Any gaps were followed up.
- The registered manager was aware of the regulatory responsibilities to submit statutory notifications to the CQC.

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

- The provider was aware of its responsibilities under duty of candour and there was a policy in place to support this.
- We received positive feedback from people and carers about how the service was run by the registered manager and care co-ordinator. They told us someone was also available to provide help and support when needed. They said, "They are really good, so helpful" and "If you need to have a chat there is always

someone around."

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

- There were systems in place for engaging and gathering feedback from people and carers.
- Shared lives surveys were sent out to people and their carers.
- The registered manager provided updates to carers through regular supervision. Shared Lives Carer reviews and appraisals also took place.

Working in partnership with others

- There was evidence that the provider worked in partnership with other stakeholders such as district nursing teams and other professionals to support people.
- The registered manager explained that the service had been developed so they worked more closely with healthcare professionals such as occupational therapists. They were now part of the shared lives service which meant the service was more responsive to people's needs.