

Yourway Support Services Limited

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Inspection report

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Ratings

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|---------------------------------|--------|
| 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

Yourway Support Services Limited is a domiciliary care service registered to provide personal care. The service provides personal care and support to people with a learning disability living in either their own homes or with family members within the Plymouth area.

Yourway Support Services Limited provides care and support to people living in a 'supported living' setting, 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 supports some people on a 24 hour basis and others who may require support with personal care needs at specific times of the day and/or night. At the time of this inspection, eleven people received support with their personal care needs from the agency.

The service had a registered manager in post. 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. The registered manager was also the provider.

At the last inspection in December 2015 the service was rated Good overall. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service remained rated Good.

People were safe using the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. Sufficient numbers of staff were employed to meet people's needs. One staff member said; "Yourway always goes the extra mile."

Peoples' medicines were managed safely. Staff completed medicines training and understood the importance of safe administration and management of medicines.

People were protected from abuse because staff, who had completed training, knew what action to take if they suspected someone was being abused, mistreated or neglected.

Peoples' risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to help support and enable people to retain as much independence as

possible and help reduce risks from occurring. Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People were supported by a consistent staff team to help meet their needs. People's independence was encouraged and staff helped people feel valued by supporting people to engage in everyday tasks, for example cooking and shopping.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff confirmed they attended team meetings and they received one to one supervision to monitor their practice with appraisals of performance. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company. The PIR (Provider Information Record) recorded; "We engage with and involve customers with the wider community helping raise awareness of dignity, equality and diversity needs."

People were enabled and supported to lead fulfilling, independent and active lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to reach their goals and ambitions.

People's equality and diversity was respected and people were supported in the way they wanted to be. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA).

People made a choice of meals, snacks and drinks they enjoyed while being encouraged to maintain a healthy diet. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

People continued to receive a service that was caring. Staff demonstrated kindness and compassion for people through their conversations and interactions. If people found it difficult to communicate or express themselves, staff offered additional support and showed patience and understanding.

The service was responsive to people's needs and people were able to make choices about their day to day routines. People had access to a range of organised and informal activities which provided them with mental and social stimulation. People were supported to access the local community.

People could make a complaint and were confident action would be taken to address their concerns. The registered manager treated complaints as an opportunity to learn and improve. The complaints procedure was available in an easy read version to assist people.

People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs, for example using simple questions. People received information in a format suitable for their individual needs. Verbal information and explanations about care were given to people with cognitive difficulties and if appropriate the service was able to develop pictorial care plans people would understand. The service remained responsive to people's individual needs by providing personalised care and support. Throughout the inspection we saw evidence of how the registered manager and staff understood and promoted people's rights as equals regardless of their disabilities, backgrounds or beliefs.

The service was well led. The provider had systems in place to monitor, assess and improve the service. There was an open culture, people who were able to, and staff said they found access to the office, and registered manager, welcoming and easy. Staff were positive and happy in their jobs. There was a clear

organisational structure in place.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Yourway Support Services Limited

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.

This was a comprehensive inspection completed on the 13 and 14 August 2018 and was announced. We gave the service notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in. The inspection was completed by one adult social care inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with five people who received support with their personal care. We spoke with or received emails from ten staff members. We also spoke with one relative.

We looked at four records which related to people's individual care needs. We viewed four staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Is the service safe?

Our findings

The service continued to provide safe care. People when asked said they felt safe with the staff supporting them. One staff member said; "I ensure people's homes are kept safe by making sure all necessary risk assessments are up to date and completed." The PIR records; "We involve customers in discussions about their safety and what makes them feel safe and document this in their support plans."

The service provided safe care. People who used the service were not all able to verbally express themselves. However, they appeared to be very relaxed and comfortable with the staff who were supporting them. People's laughter, body language and interactions told us they felt safe and comfortable with the staff supporting them.

People had their needs met by sufficient numbers of staff to support them based on the activity they were undertaking. We saw staff supporting people, meeting their needs and spending time socialising with them. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults.

Staff were protected whilst lone working and a whistle blowing policy was available to all staff. An out of hours on call service was available to support staff safety and ensure people received their visits.

People were protected from abuse because all staff completed training and knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff were confident the registered manager would take action, but also knew where to access the contact details for the local authority safeguarding team should they have to make an alert in the registered manager's absence.

People were supported and encouraged to take an active role in keeping their personal space clean where they were able. Staff completed infection control training and knew how to protect people from associated risks.

People's records held information relating to the management of risks associated with their care. Risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's own home, as well as risks in relation to their care and support needs, and any behavioural needs to help keep people safe. Any updated risk assessments were read and followed by staff. Incidents and accidents were monitored and actions taken to prevent the problems occurring again. Regular service reviews and quality monitoring checks ensured procedures were followed. Staff had received fire training and were aware of the emergency procedures to follow in the event of a fire.

People's medicines were managed safely. People's medicines were administered as prescribed. Medicines were stored in people's own home in locked cabinets. Staff completed medicines training and were checked for competency.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff had a good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs. Staff confirmed plenty of training was offered and training updated regularly.

People were supported by well trained staff. Staff confirmed regular training was provided in subjects which were relevant to the people who used the service, for example epilepsy training and the Care Certificate (a nationally recognised training course for staff new to care). This covered equality and diversity and human rights training as part of this ongoing training. Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff were well supported. They received monitoring of their practice, and team meetings were held. Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff confirmed the management had an open door policy.

The registered manager and staff understood their responsibilities in relation to the legislative framework of the Mental Capacity Act 2005 (MCA). 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.

The PIR recorded; "We have a culture of person centred support, robust policies and documentation related to the Mental Capacity and DoLS procedures in place."

People's right to make decisions about their lives was respected and supported by staff. People's records included communication guidelines. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. Pictorial images were available to help ensure it was in a suitable format for everyone. Staff used appropriate communication methods for people to help ensure people's rights to have control over their care and treatment were respected. The person's chosen communication method and their physical response was written in their care records. This showed the provider was working within the principles of the Accessible Information Standard. The provider was continuing to look at how they could meet this fully for the benefit the service and the people who lived in it.

People's nutritional needs were met. Staff knew what foods people liked and disliked, and foods people were unable to eat due to their health needs. People were supported to plan and cook healthy meals of the person's choice. Staff understood each person's ability and rights to make choices and decisions.

The service had policies and systems to support people in developing their relationships with each other and those outside the service. The registered manager was aware of how to support people to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

Is the service caring?

Our findings

People continued to receive a service that was caring. People told us the staff were kind and caring. Comments included, "I like them (the staff)" and "They are nice."

People, many who had used the service for a number of years, had built strong relationships with the staff who supported them. People we met and spoke with said they were all happy and comfortable with the staff working with them. Staff were cheerful, friendly and positive. Staff knew each person well. Staff understood the importance of treating each person equally, and as an adult and a valued individual.

People were supported by staff who were both kind and caring, and we observed staff treated people with patience and kindness. People were chatting with staff about their plans for the day and the conversations were positive. We heard and saw laughter and smiles. People with difficulties communicating were given time to make choices about what they wanted to do to. Staff, were attentive to people's needs and understood when people needed reassurance, praise or guidance. For example, people unsure about our visit were provided with additional support, and staff were attentive and provided reassurance to each person throughout our visits.

People were supported to express their views, and make decisions about their own care and how it was provided. People able to said they had been involved in developing their care and support plan, identifying what support they required from the service, and how this was to be carried out. If they contacted the office to request any changes, the changes were made straight away. One person told us, "Sometimes I change the times staff come." The registered manager said that as a small provider, they were able to advocate for people and respond quickly to requests for support.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received care from a regular staff team. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People lived in their own home or shared accommodation with other people. The staff respected when people wished to be alone. Staff struck a balance of people having privacy and being checked to make sure they were safe. People said the staff ring door bells when arriving at their home and ensure they have people's consent to enter.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family and enabled them to be as involved as they wished. People and their relatives were encouraged to be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place.

People's independence was respected. For example, staff encouraged people to participate in household tasks including preparing meals and shopping. Staff were observed supporting people with their

independence including cooking their own meal. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

Is the service responsive?

Our findings

The service continued to be responsive. People received personalised care that was responsive to their needs. People's care plans were person-centred, and detailed how they wanted their needs to be met in line with their wishes and preferences. People's care plans also detailed their social and medical history, as well as any cultural, religious and spiritual needs. One person said; "I go to church every week with the staff." Staff monitored and responded to changes in people's health or behavioural needs. All the care plans held detailed hospital passports and health action plans. This documented important information for hospital staff about people's preferences and how they communicated if they needed to go into hospital.

People's likes, dislikes and their aspirations had been identified. For people with limited verbal communication skills, care plans identified ways of facilitating communication with the use of pictures and photos. Care plans held information on personal choice and the importance of supporting maximum independence. For example, people were given as much choice as possible about how they liked to spend their day and where they wanted to go. If people had protected characteristics under the Equality Act these were respected and documented. The provider's policies and procedures reflected that people would be treated equally and fairly.

People were given choices so they could decide what they wanted to wear, how they spent their time and what they liked to eat. Simple choices were given to support choice due to people's cognitive needs. Staff knew how people preferred their support.

People had a timetable plan and noticeboard of daily activities if they wished to attend. People able to said they enjoyed the activities they attended, which included walks and a local disco. People were also supported to have holidays accompanied by staff who regularly supported them. Social clubs were attended by people so they could meet friends.

The company had a complaints procedure available for people and visitors to access. People, when asked, said they talked to the staff or their family if they were not happy with things. The registered manager clearly understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us that they knew people well and worked closely with them and would monitor any changes in behaviour. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was proactive in identifying any communication needs, and care plans provided the guidance staff needed to facilitate effective communication. People either had family members or external advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

People receiving a service were middle aged adults. The registered manager told us developing and considering end of life needs was an area they would need to consider as people aged. This meant that any people who needed end of life care in the future could be confident their needs would be met.

Is the service well-led?

Our findings

The service remains well-led. Staff spoke highly of the registered manager, who was also the registered provider, and the management team. 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 confirmed visits by the management team to check if they were happy with the service and the staff working with them. One staff member said; "Great company to work for."

People received a service where the provider's caring values were embedded into the leadership, culture and staff practice. Staff had confidence in the management team. Staff told us the registered manager and management team were approachable and made themselves available for support and guidance. The registered manager was open, transparent and person-centred. We were told that the focus of the registered manager was to ensure people came first and received good outcomes.

Staff, were hardworking and very motivated. They shared the philosophy of the provider. Staff meetings, appraisals and supervisions were seen as an opportunity to look at current practice. Staff spoke positively about the provider of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company, but mostly with the people they supported. The management team made regular checks and monitored the culture, quality and safety of the service by meeting with the people and staff, to ensure they were happy with the service.

The provider had systems in place to monitor, assess and improve the service. Checks were carried out regularly on all areas of the service, including visits to people's homes where they completed checks on all aspects of the service people received. The registered manager had worked with the local authority commissioning team to ensure they met the local authority's required standards. They also had a range of checks and audits in place to ensure they met all relevant legal requirements and good practice guidelines.

People had a service which was continuously and positively adapting to changes in practice and legislation. For example, the provider had implemented the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and how the Accessible Information Standard would benefit the service and the people who used it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the leadership of the service, as well as the ongoing quality and safety of the care people received. For example, there were processes and systems in place to check accidents and incidents, health and safety checks and care planning audits. These helped to promptly highlight when improvements were required.

The provider worked hard to learn from mistakes and ensure people were safe. The manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.