Your Lives UK Limited

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Inspection report

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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

Overall summary

Your Lives UK Limited is a small domiciliary care provider which supports people with learning disabilities in their own homes, in day centre facilities and in the community. The service covers Hull and the East Riding of Yorkshire. The main office is located in a residential area in West Hull and has a ramp and stairs to the main entrance. There are offices on the ground and first floor of the building. Parking is available on the street at the side of the building.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We undertook this unannounced inspection on the 25 November 2015. On the day of the inspection there were 23 people using the service. Four of the people were in receipt of personal care and 19 people received social support such as assisting them to access community facilities. At the last inspection on 7 August 2013 the registered provider was compliant in all areas we assessed.

Summary of findings

We found staff were recruited safely and in sufficient numbers to meet the current needs of people who used the service. The registered manager told us staff were recruited in line with the growth of the service.

We found there were policies and procedures to guide staff in how to keep people safe from the risk of harm and abuse. Staff were able to recognise abuse and what to do if they had concerns. Risk assessments were completed to guide staff in how to minimise the risks of harm posed to people during their activities of daily living. These provided information to staff at the same time as recognising people had levels of independence and may want to take managed risks.

We found people had their needs assessed and plans of care were completed to ensure staff knew how to support them. We saw people had been included in the development of care plans and asked for their views and preferences for how care was to be carried out. In discussions with people who used the service and with relatives, it was clear they received person-centred care.

Staff were knowledgeable about people's needs and helped to maintain their health by monitoring people for signs they were unwell and following care plan guidance when required.

We found staff supported people to make their own decisions and choices about aspects of their lives. When people lacked capacity, the registered manager and registered provider knew the procedures to follow to ensure they acted within the law.

Staff received training appropriate for their roles. Staff confirmed they had supervision meetings and appraisal to help them develop their skills, knowledge and experience.

We found there were support systems in place for staff and an open-door policy which enabled them to raise concerns.

There was a complaints policy and procedure and people felt able to raise concerns in the belief they would be addressed.

There was a quality monitoring system that consisted of audits, spot checks and surveys. When shortfalls were identified, these were addressed and people were notified of the action that had been taken. We found the surveys could be simplified which may help the limited return rate of surveys and other methods may be required to receive feedback from health care professionals.

The registered manager and registered provider were aware of their responsibilities in notifying the Care Quality Commission of incidents that affected the safety and welfare of people who used the service. There had been two incidents when we had not received notifications. This was discussed with the registered manager and addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were recruited safely and there were sufficient numbers of staff to support people's needs.

Risk assessments were completed to help guide staff in how to minimise risks and keep people safe.

Staff were aware of how to safeguard people from the risk of harm and abuse and how to report any concerns.

Good

Is the service effective?
The service was effective.

People's health care needs were monitored and measures taken to administer rescue medicines to people with epilepsy when required.

Staff helped people to meet their nutritional needs when they supported them in accessing community facilities.

People were assisted to make their own choices and decisions and when they had been assessed as lacking capacity, the registered provided acted within legislation to support the person in their best interests.

Staff received training appropriate to their role and were helped to develop their skills via supervision sessions and appraisal.

Good

Is the service caring?
The service was caring.

People told us staff were caring and friendly and respected values such as privacy, dignity and independence.

In discussions, staff demonstrated a caring attitude and respect for the individual and their right to make choices.

People who used the service and their relatives were provided with information about the service they were to receive.

There were systems in place to keep people's personal records secure.

Good

Is the service responsive?
The service was responsive.

People had assessments of their needs completed and plans of care were produced. These provided information to guide staff in how to support people in the way they preferred.

We found people received care that was tailored to their specific needs.

People knew how to complain and told us they felt any issues raised would be addressed.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and inclusive.

There was a quality monitoring system in place and audits and checks were carried out. The surveys could be simplified in order to improve the return rate.

We found there had been two incidents that required notification to the Care Quality Commission [CQC] but these had been overlooked by the registered manager. This was due to confusion between day care services which CQC do not regulate and domiciliary care service which we do regulate. This was addressed straight after the inspection.

Your Lives UK 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 registered 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 inspection took place on 25 November 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

We spoke with the local safeguarding team and the local authority contracts and commissioning teams in Hull. There were no concerns expressed by these agencies.

We spoke with two people who used the service and two relatives. We spoke with the registered manager, a care co-ordinator, two care support workers, a health and safety officer [who also completed some care tasks when required] and an administrator.

We looked at four care files which belonged to people who used the service. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, induction and training records, supervisions and appraisals, the employee handbook, quality assurance audits, finance records, complaints management and maintenance of equipment records.

Good

Is the service safe?

Our findings

People who used the service and the two relatives we spoke with all told us that staff treated them well and provided a safe service. Comments included, "Yes, the staff are good", "They [the care support staff] always come on time", "I am very happy with the service, they look after him well" and "He's had the service for a year now and I've never had a problem; I can't fault it one bit."

Documentation and discussions with the registered manager and care support staff showed us new members of staff were recruited safely. We saw full employment checks were in place prior to new staff starting work with people. These included application forms so gaps in employment could be explored, two references and checks against the register excluding people from working with vulnerable people. The registered manager confirmed new staff could not start work until the return of the disclosure and barring record [DBS]. Care support staff confirmed full information had to be in place and told us they had an interview to assess their suitability for employment. Prior to new staff starting work, there was also a check to ensure they had the correct car insurance for business use.

We found there were sufficient care support staff to meet the needs of people who used the service. The registered manager told us an assessment prior to accepting a contract and starting to support people included a check on how many staff were required at each call; this could range from one to two care support staff. Currently, all the calls to people who used the service required one member of staff. There were staff available to support people at short notice or to cover when existing staff had short notice absences, for example the care co-ordinator and health and safety officer could, when required, be called upon to provide care and support to people. Staff had different contracts so could provide a range of flexible hours when working for the service. Care support staff spoken with confirmed they were provided with sufficient travelling time in between calls. They showed us a task sheet which indicated travelling time in between the calls.

We saw there were policies and procedures and information from the local safeguarding team to guide staff in how to keep people safe from the risk of abuse and harm. There was a safeguarding flow chart in the office providing clear instructions on the actions to take at each step. Discussions with care support staff showed they knew the different types of abuse and the signs and symptoms that may alert them to concerns. They all stated they would report any abuse or poor practice to the registered manager or registered provider and would contact the local safeguarding team directly if required.

We saw the registered provider had been asked by the local authority to manage the finances of five people who did not have the capacity to do this themselves and whose families were not able to do this. We spoke with the administrator and they described the system; the finances, which were for payment of their social care via a personal budget from the local authority, were managed on a computerised system and cash did not actually exchange hands. The administrator ensured agencies which provided a service to the five people were paid appropriately. The local authority was sent information about the transactions each month and an independent auditor checked the system. This helped to keep people's finances safe.

We saw assessments were completed to help staff support people who used the service to minimise risk whilst ensuring they could make choices about their lives. The risk assessments included when people were in the community, for example accessing public transport and road safety; there were also risk assessments for activities such as swimming and horse-riding. Some people had risk assessments for epilepsy management completed by health care professionals. Care support staff who worked with people who had epilepsy had completed specific training and were aware of the risk assessments in order to keep people safe. There was an environmental risk assessment completed when care staff were providing support in people's homes. This identified potential hazards and any steps required to minimise them.

The registered manager told us that up until recently the only support the care staff provided with regards to medication was emergency rescue medicine for epilepsy. As staff supported people in the community, rescue medicines were taken with them. Staff had received training in how to administer this medicine from a specialist epilepsy nurse. Staff confirmed they would not be expected to support a person who had epilepsy, and who had a risk assessment for the use of rescue medicines, until they had completed the training. A new person who recently started to use the service, at times required a prompt to ensure one medicine was taken each day. Relatives supported the person to order and collect their

Good

Is the service safe?

medicine. Staff maintained a daily stock check on the medication administration record and prompted the person to take the medicine if they had not already done so when they visited.

Staff were provided with mobile phones so they could call the care co-ordinator or registered manager for advice if required. They also had name badges to ensure people could check who they were. A member of staff said, “We all have phones for emergencies and have out of hours and on call telephone numbers of managers.”

We saw the health and safety officer completed checks of equipment used in the main office such as fire safety equipment and alarm checks.

Good

Is the service effective?

Our findings

People who used the service and the two relatives we spoke with all told us staff were knowledgeable and knew how to support them. The relatives told us staff kept them informed about important issues. Comments included, "They are alright and make breakfast and what have you", "They have been trained; they all know what they are doing", "Yes, I like them [the staff]", "I know they are all trained; they are spot-on and take his care plan and medicines with him when he goes out", "Both staff are very good; they understand the blindness as well as the autism" and "They are always in contact with me." A relative said they had heard staff support their family member to make choices such as where to go and what to do when they go into the community. Another relative said, "Yes, they do [support the person to make choices]; I can't fault them. They bear in mind that this is his life; they ask him things and include him."

People who used the service received health care from professionals in the community. Care support staff liaised with the health care professionals when required in emergencies. In discussions, staff described how they would deal with medical emergencies and how they recognised when people were unwell. They told us they would always pass on information to the parents or carers of the people they supported or to health care professionals. Staff said, "All people have care plans and if there are any issues we document it and report to parents, make sure there is a good handover", "In an emergency you would call an ambulance; the first priority is the person, then you can call the manager" and "We ask people if they want us to get a doctor for them and some people have district nurses. The care plan details what to do and what to look out for."

We found staff helped to maintain people's nutritional needs when required. Staff said, "We try to encourage healthy eating when we're out with people. Most know what they should eat but they make their own choices." We saw some people had special diets. Staff were aware of them and knew how to make sure people were not placed at risk when eating their meals.

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. The people who used the service were all able to make day to day decisions about their care. An assessment had been completed by social care professionals regarding the use of a lap strap when one person used a wheelchair in the community. There had been a best interest meeting with relevant people to agree this although the documentation had not been received from the local authority yet. The registered manager told us they would address this.

Staff described how they ensured people provided consent prior to completing care tasks. Comments included, "We ask people and if they don't want to do something it's their choice", "We try to talk to people and make them at ease", "People can make their own choices whether it's verbally or with facial expressions and if they don't have capacity then it's a best interest decision or they may need an advocate", "Sometimes approach is really important, for example I would get all the things together and then ask if they are ready to have a shower" and "We ask people; it's whatever they want to do each day."

In discussions, care support staff confirmed they completed training prior to supporting people. They said they received the right amount of training at the right time. The training record showed staff completed training in areas such as first aid, food safety, infection control, health and safety, moving and handling, safeguarding, epilepsy and administration of rescue medicines. All staff had completed training in MCA, Deprivation of Liberty Safeguards [DoLS], person-centred planning and equality and diversity. Some staff had completed a safe handling of medicines course, training in managing behaviours that could be challenging and dementia awareness. Records identified when updates were required and the training plan for the next year had these booked in and a range of other courses. These included, sensory impairment for people living with dementia, effective recording, assisted eating and drinking, autism, data protection and fire warden. A care co-ordinator said, "There is no service user who needs a hoist at present. Some people use wheelchairs but they are able to mobilise as well. We would be unable to have a service user who needed to use a hoist until staff had received training."

Good

Is the service effective?

Staff confirmed the training was completed via a range of methods. These included social care televised courses, booklets, practical instruction and face to face training. They also confirmed they were supported by management on a day to day basis and also through supervision meetings and appraisal. They said, “Management is very good, very supportive; if you need them, they are there”, “They checked if everything was ok and if I had any concerns” and “They are supportive and have put me through training; I’ve started a management and leadership course.” One of the records we checked showed the person had not received supervision on a regular basis and had not yet had their appraisal. This was mentioned to the registered manager to address. There was a plan of supervision dates in the registered manager’s office.

We saw new staff had an orientation style induction which was recorded and held in the files. This was a tick box form that showed staff were made aware of the culture of the organisation, specific policies and procedures, the layout of the main office, completion of essential training and observations of practice. Staff confirmed the induction included an introduction to people they would be supporting and shadowing more experienced staff. Comments from staff about induction included, “I got introduced to people before I started. I went with another support worker; they [people who used the service] don’t know me from Adam so it makes it good to have an introduction. They showed me around their home and we got to know each other” and “It was a good induction.” The registered manager told us they were in the process of reviewing the induction new staff received. This was so it was more in line with the new Care Certificate standards and would be separated into sections. They also stated they wanted to include more observations of care support staff practices.

Good

Is the service caring?

Our findings

People who used the service and the two relatives we spoke with all told us staff were caring in their approach and treated them with dignity and respect. They said they were kept informed of issues when required. Comments included, "The staff are absolutely brilliant, very friendly", "Oh yes, they treat you in a nice way", "They would tell me if my carer was sick", "The staff are very caring; they do everything they should", "We had a big meeting and discussed what we wanted to do" and "They know all his likes and dislikes."

We spoke with care support workers about how they respected people's privacy, dignity, choice and independence. They described the ways in which they promoted these values. Comments included, "You have to treat people with respect and provide explanations when you are providing care, for example when taking them to the toilet; these are things I would want if I was on the receiving end", "I knock on doors; don't just walk in but wait until you are asked", "Most of the time people can do things for themselves but if we see them struggling, then we ask if they would like some help", "Keep doors and curtains closed and keep people covered when giving personal care" and "It's important to respect privacy, check what level of independence they have and ask people if they want to be left on their own or if they want assistance. It's best to encourage them to do things for themselves before intervening and taking over."

The way assessments and care plans were written indicated people and their relatives had been involved in planning the care they were to receive. Part of the assessments included their views and expectations of the service. Staff said, "There is an initial assessment to find out what people want us to do; families are involved in this." We saw reviews of care plans took place. These were initiated by the local authority and relevant people involved in the person's care attended the meeting. The registered manager told us one person who used the service was supported by an advocate. They were also included in the reviews of their care plan.

The care plans contained information about preferences for the gender of care support worker and how people wished to be cared for. The care plans described how people communicated their needs. Staff were reminded in the care plans to promote privacy and dignity. For example, in one person's care plan it reminded staff to ensure the person had their dressing gown to respect their dignity when they were supported to get up. In another care file it described a preference for care support worker as 'a person of similar age, female and who has had epilepsy training'. We saw this had been arranged in practice.

Daily communication books were written in a way that promoted privacy and dignity. The information detailed the care provided and commented on the person's mood, what meals they ate and what choices they made.

We saw people were provided with information about the service they were to receive. This included their assessments and risk assessments, contract, how they could make a complaint and their plan of care. The plan of care described the times care support staff would attend and details of how this was to be delivered. A member of staff showed us their task sheet which had brief information about the support to be provided and the time this was to occur. They said they always read care plans before the initial visit to people and could review care plans held at the person's home if they needed more information. We saw people who used the service had signed the sheet at the end of the call.

The registered manager was aware of the need to maintain confidentiality and ensure people's information was safely held. Computers were password protected and the registered provider had completed registration with the Information Commissioners Office [ICO] in line with requirements when maintaining computerised records. The registered manager told us they had raised a concern with the police and ICO when a previous member of staff had accessed people's personal data prior to them leaving for the purpose of setting up a new service.

We saw people's written care records were held securely in locked cabinets in an office. Staff personnel files were also held securely. The people whose finances were managed by the service, had computerised records and restricted access to the administrator, registered manager and registered provider.

Good

Is the service responsive?

Our findings

People who used the service and the two relatives we spoke with all told us staff provided them with care that responded to their needs. They told us they felt able to raise concerns and these would be addressed. Comments included, "They ask if I'd like to go to the pictures or to parties and ask if I want to do things", "They ask if everything is alright and it's champion", "They take me shopping", "I've never made a complaint but everything is alright though", "I've never had to complain but I would if needed" and "We did make a complaint about the changeover of staff and they sorted it. He had the same support worker but it changed and he lost confidence for a while; they've changed back now."

We saw people had assessments and risk assessments completed prior to the start of the service and these were kept updated. The assessments included areas such as health, nutrition, dietary likes and dislikes, mobility, communication and mental health needs. There was also an assessment of people's activities of daily living and what they were able to do for themselves. We saw there were assessments completed by the local authority included in the care files. This enabled the registered manager to use them for additional information for people's care support plans.

Management produced care plans from the assessment information. This provided staff with guidance in how to support people. There was person-centred information written in a one page profile which included, 'Who am I and what is important to me', 'What people like and admire about me' and 'How best to support me'. We found the care and support plans contained lots of personalised information. For example, one person's care support plan detailed their preference for bathing and the timeframe for this, and what days they liked to complete specific activities and attend day centres and support groups. Another person had information about how they communicated their needs. Staff had written, "[Person's name] has no verbal communication but will let you know by taking you to it or move you if she wants to sit down. She can get what she wants herself." They had also detailed the snacks and drinks the person preferred when out in the community and what equipment was required to assist them eating and drinking their meals. A third person's care file described the specifics of personal care support and how a current health condition limited their movement and led to fluctuations in their ability to self-care.

We noted one person's care file could have more information in relation to the management of their diabetes. The registered manager told us they would address this straight away.

We saw the care support plans were kept updated with important pieces of information. This ensured care support staff had up to date and accurate information about people's needs. We saw there was additional information in care files about specific health conditions the medicines some people took.

We found people were supported to access community facilities as part of their care and support plans. People who used the service, their relatives and staff all confirmed that accessing these facilities helped people to be part of the community. There was a range of community facilities visited such as swimming, horse riding, gardening, going to pubs, cafes and clubs, day centres, gyms, shopping, garden centres, cinemas and bowling. A member of care support staff said, "One person I support I drop off at college and pick them up afterwards. People can do whatever they want to on the day; two people go to a local gym."

We saw the registered provider had a complaints policy and procedure, which provided timescales for acknowledgement and investigation of any complaint. Each person who used the service was provided with a copy of the complaints procedure. People who used the service and relatives named the registered manager and other staff as the people they would raise concerns with. In discussions, staff told us they would feel able to raise concerns and that these would be addressed.

We found the registered manager had dealt with a concern raised but had not documented it. Documenting issues that people raised would provide an audit trail as to how quickly they were managed and resolved. The registered manager told us all concerns and complaints would be documented in future.

Good

Is the service well-led?

Our findings

People who used the service and the two relatives we spoke with all knew the names of the registered manager and registered provider. They said they would be able to speak with them if required and management kept them informed. They also confirmed they were asked for their views about the service. Comments included, "[Registered manager's name and registered provider's name] are nice", "Yes, they do keep us informed; [registered manager's name] was on the phone today checking what we want to do over the Christmas holidays", "I've received a survey to complete; it's just on the side at the moment", "It's a well-run organisation" and "What can they improve? – well they just need to keep doing what they are doing."

We spoke with the registered manager about the culture and values of the organisation. They spoke about treating people with respect and recognising the individuality of people. The staff handbook states, "We are committed to supporting vulnerable people so that they can continue their lives with dignity and independence and be participating members of their own communities." In discussions with staff, they reiterated these values. Staff also told us they were supported by management to achieve these values. They said the registered manager and registered provider were open and accessible; they said they felt able to approach them about issues, were listened to, could raise concerns and could make suggestions. They said, "Absolutely, they are supportive; they are approachable and have an open-door policy", "It's the best place I have ever worked in so far. It's small and person-centred; our customers have big smiles on the faces which has got to be a good thing", "It's a nice place to work and a friendly team", "Everybody is very nice", "I like working for the company; I had to raise a concern and it was dealt with confidentially" and "When you take issues to managers they do sort them out."

Staff confirmed communication within the organisation was effective. They told us staff meetings were held and we saw minutes of several meetings which highlighted various discussions. These included recording in diary notes, being prepared for shifts, people's support plans, sharing information, and administration issues such as time keeping and mileage claims. Attached to minutes were hand-outs providing information on areas such as legislation. Staff received a handbook which provided them with information about expectations of their practice and what they could expect from the registered provider. Staff said, "We have staff meetings every month or so and we get the minutes. There is a communications book to pass on information" and "Communication is good."

The registered manager and registered provider were aware of their responsibilities to notify the Care Quality Commission [CQC] and other agencies of incidents that affected the safety and welfare of people who used the service. There had not been any accidents that had required reporting to CQC, although two incidents had occurred. The registered manager had informed appropriate agencies but told us it had been an oversight not to notify CQC as the main issues affected the day care services, which CQC do not regulate. However, as people accessed both the domiciliary care service and the day care service, CQC would need to be notified of incidents occurring in the day centre so we can check out how they are managed. The registered manager told us that in future notifications would be sent within the required timescale and they would seek advice from inspectors if required. We received the notifications soon after the conclusion of the inspection. We had received prompt responses to requests for information from the registered manager when required in the past.

The registered provider had purchased a set of policies and procedures which reflected the service they provided to people. The procedures included guidance and tools to enable the registered manager to monitor the quality of the service. The documentation consisted of forms to record spot-check monitoring visits to people who used the service, courtesy calls by telephone, questionnaires and audits.

Management had audited people's care files and updated information in them. The registered manager told us they also checked the training record to ensure updates that were due had been planned. We saw spot checks had been carried out where people who used the service and their relatives were asked about the care and support provided. Telephone logs were completed of communication between staff at the main office and people who used the service and their relatives. The care co-ordinator told us when they contacted people for any reason, they took the opportunity to check out if everything was ok. However, this was not recorded on a courtesy call quality monitoring log.

Good

Is the service well-led?

In December 2014, 19 questionnaires were sent to people who used the service and their relatives with six returned. We saw the responses had been checked and shortfalls identified. We also saw a letter had been sent to people advising them of the action taken to address the issues. A relative told us they had just received a survey for 2015. We saw the surveys were based on CQC's key lines of enquiry which we use when inspecting services. Questions were asked of people as to whether the service was safe, effective, caring, responsive and well-led. We found the surveys could be simplified and as the questionnaires to people, staff and health care professionals had a low return rate, other means of seeking their views may be required. The registered manager told us this was to be reviewed. Staff confirmed they had completed surveys.