

Yourlife Management Services Limited

Your Life (Crowthorne)

Inspection report

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Your Life (Crowthorne) is a home care service that provides a social and personal care provision to people living in their own flats within a large complex of retirement apartments.

Not everyone who used the service received the regulated activity of personal care. 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. At the time of the inspection only 2 people were receiving the regulated activity.

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

The provider did not have robust governance documentation in place to ensure effective systems to monitor the service. This meant that inconsistencies in care documents was not picked up and gave way to the potential for incorrect care being delivered. The provider had failed to notify the Commission of the registered manager leaving, although management was in place to ensure people received appropriate care.

People generally received safe care and treatment. People did on occasions receive additional support than agreed and documented with medicines that could lead to a potential risk of harm, as information was not correctly recorded, however, there was no evidence of this having occurred. Risks were recorded and measures to mitigate these documented. Staff were able to identify and were committed to report any signs of abuse. The provider ensured safe recruitment procedures were implemented when employing staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice. Communication with people was clear and specific to meet their needs. The service promoted choice and independence aiming to empower people as much as possible.

People shared positive relationships with staff who clearly treated them with kindness, compassion and dignity. Staff consistently treated people with respect and maintained their privacy in their home. People's differences and diversities were welcomed. People reported that care was entirely person-centred and in line with their requirements. Care plans were personalised and contained comprehensive detail on people's interests and preferences. People had access to activities and the necessary support to follow their interests, and to prevent isolation by the wider organisation.

Staff received a comprehensive induction and access to the provider's mandatory training before working with people independently. Supervision support and competency checks were completed to ensure people were supported effectively by knowledgeable and suitable staff.

Rating at last inspection

This service was registered with us on 07 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection. All new services are inspected within 12 months of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Your Life (Crowthorne)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector, for both the site visit and the telephone consultations completed with staff and professionals thereafter.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats within a large complex of retirement flats. The service provides both social support and personal care to people living within the complex.

The service should have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. During the inspection it was established that the registered manager had left the organisation twelve months ago. The provider however, had failed to inform the Commission and ensure a manager was appointed to manage the day to day operations.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or (registered) manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return reviewing this prior to the inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. In addition, we reviewed the notifications received from the provider, since the registration, and found the

Commission had received very few notifications. The law requires providers to send us notifications about certain events that happen during the running of a service. We spoke with the local authority and safeguarding team seeking their feedback on the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives or friends about their experience of the care provided. We spoke with seven members of staff including the operations manager, manager, registered manager from another site who was supporting and four care staff.

We reviewed a range of records. This included both people's care records and medication records. We looked at nine staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including governance documentation were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found, and took forwarded documentation that had been amended following discussions that had taken place during the on-site visit. We spoke with professionals to gain feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Whilst medicines were managed safely, and people were not at risk, we noted that staff were completing additional tasks associated with medicine management than recorded in the care plan. We discussed this with the manager who was unaware of this. Conversations with the family indicated that staff had on occasions recently assisted with administering medicines, when the person had struggled with breaking the foil. This information had not been shared with the manager. As a result, paperwork conflicted with actual assistance offered by staff. The manager met with the family and forwarded an updated care plan and risk assessments to illustrate the level of assistance that was to be offered to the person. This included all possible eventualities.
- We found that people were at possible risk of missed medicines due to the provider not using medicine administration records (MARs), for prompts. This was duly amended following our inspection in line with best practice guidelines. The manager forwarded implemented MARs records for all medicines that staff assisted people with following the inspection.

Systems and processes to safeguard people from the risk of abuse

- People reported they felt safe with the staff who supported them with their care. Relatives reinforced this point stating, "I know they are in very safe hands."
- Staff knew what actions to take to protect people from harm. This included whistle-blowing if they felt that the provider did not take their concerns seriously or act upon them as required. One staff reported, "Without a doubt I would whistle-blow if the managers did not do anything."
- The manager had reported all safeguarding concerns to the local authority as required. However, they failed to report all three concerns to the Commission as required. We discussed this with the manager and operations manager during the inspection. It was established that the non-reporting was related to a miscomprehension of whether the issues were reportable to the Commission as no serious harm had come to the person. Having discussed the matter and relating this back to the regulations, the provider acknowledged the need to report all concerns. All notifications were put into the Commission retrospectively. We have looked at this in more detail within well-led.

Assessing risk, safety monitoring and management

- Risks to people were identified in their care plans, and appropriately assessed within risk assessments. Information was provided to staff how to mitigate the risk, whilst allowing the person to maintain their independence.
- People told us the staff encouraged them to maintain their independence and complete tasks that they found difficult at times. We were told, "staff are always at hand to make sure I'm okay but do encourage me

to do things for myself."

- Risk assessments were updated by the manager when reviewed or when issues were brought to their attention, following changes in people's needs. For example, one person initially required more support to complete tasks due to risks associated with ill-health. However, as their health improved, the risk assessment and care plan was adapted to enable the person to do more tasks independently, but safely.
- The provider had systems in place to ensure a service would still be offered to people, should any untoward event occur. This included using bank staff, and managers delivering care.

Staffing and recruitment

- The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed. This included, police checks, character checks and employment history.
- People told us they received regular care visits from the same staff and management. They told us, "It's good to see the same familiar faces."
- There were sufficient staff to provide individualised support to people.

Preventing and controlling infection

- The provider ensured that both staff and people were protected from the risk of infection.
- Staff used protective equipment such as gloves and aprons when giving care and support in people's homes.
- Staff received training and were encouraged to read the provider's infection control policy that outlined preventative measures to manage and control the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were monitored to prevent the possibility of reoccurrences.
- These were reviewed and used to learn from. The management discussed incidents and accidents in team meetings to establish how incidents could be learnt from. Staff told us that this was a good opportunity to learn lessons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management ensured people's needs and choices were accurately documented in the care plans. These were very detailed on how people wished to be supported.
- Care plans were reviewed with people and their families, where appropriate. Any changes were updated, and the new care plan sent to people and their relatives, for review.
- It was acknowledged that on one occasion people and their relatives had not advised management that the level of assistance needed to be amended. They had spoken with staff, who had assisted the person in additional tasks. As a result, the care plan had not been amended to accurately reflect what care was being offered by staff. We were sent an updated care plan and risk assessment by the manager to accurately identify the level of support the person needed.

Staff support: induction, training, skills and experience

- All new staff were given a comprehensive induction. This included the provider's mandatory training and shadow shifts, until staff were confident and competent to commence lone working.
- Staff who had no experience of working in care settings completed the Care Certificate in addition to the induction process. This is a set of 15 standards that define the knowledge, skills and behaviour that is expected of someone working in health and social care. Competency checks are completed to ensure staff have a thorough comprehension of what is expected of them, and how to work with people. The provider had not assigned a deadline as to when staff were to complete this by. One person had been working for six months and had not completed their care certificate. We spoke with the management team regarding this, who acknowledged the need for a deadline.
- Staff told us that the manager was very good at arranging any additional training that would be beneficial to staff when working with people. One member of staff said, "She is brilliant. I spoke with [manager] and said I needed support with [person's name and needs], she had arranged the training for me within the week."
- Supervisions were completed with staff on a rota system. These allowed staff and management to discuss all areas of working practice as well as areas that may need further development. Annual appraisals were arranged for staff who had been in employment for 12 months. Staff reported this to be a beneficial way to learn and share ideas with management.

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

- Staff supported people to eat and drink enough to maintain a healthy diet. Drinks and snacks were left in reach for people where care calls were spaced out during the day.
- If people needed help with food or drink preparation this was recorded in their care plans, and support

was provided accordingly.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People and their relatives reported that staff supported people to access professional health care as required.
- Where applicable staff monitored people to detect changes in their health and liaised with the relevant professional bodies and relatives to ensure appropriate care was sought.
- The provider ensured that where required call times were amended to work around any scheduled appointments. If necessary, additional support and calls were put into place when people or professionals deemed this a requirement.
- On the day of our inspection we saw a professional attend a person who was due to be supported by staff. They offered to return later to ensure the person had full privacy with the attending professional.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the service was working within the principle of the MCA.

- Management confirmed that all staff had received training in the MCA as this formed part of the provider's mandatory training. We spoke with staff and asked them how they ensured the principles of the MCA were put into practice. We were provided examples of how decisions about daily living were discussed with people prior to support being given. If a person declined, or requested a call later, where possible this was accommodated. One staff provided an example of how a person's care plan stated the person wished to be assisted with personal care on said date. However, on the date the person declined. Staff worked with the person to rearrange a longer call to enable the person to choose when they wished to bathe.
- Care plans very clearly recorded the need for people to make decisions independently where possible. Each section commenced with a paragraph reinforcing the importance of people making choices for themselves.
- Where people were unable to make decisions for themselves, and required a person who had legal responsibility to make decisions, appropriate documentation was in place in their care plan to illustrate this. This ensured the provider was able to demonstrate who had legal accountability to act on the person's behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People reported that they were very well treated by staff, who were respectful and kind when supporting them. Relatives reinforced this point stating they had, "always seen compassionate, kind and caring support by the lovely ladies."
- We observed staff interaction with people and noted this was considerably pleasant. People were relaxed when interacting with staff and seemed comfortable in their presence.
- Staff spoke of the need to develop a caring relationship with "clients" [people], that enabled them to trust staff who support them. One member of staff said, "It's crucial that we have a good relationship... we may be doing intimate care, therefore clients need to feel comfortable with us."
- The provider reinforced in training and practice the importance of respecting people's diversity. Equality was a crucial part of training and seen as fundamental when supporting people.

The provider reinforced that equality and diversity also included the need of all inclusivity for staff too, irrespective of their culture, creed, sexuality or disability. This was reinforced in meetings and perceived as a fundamental component of care.

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

- People were encouraged to make decisions about their care and support on a daily basis, and during reviews. As far as possible, the staff gave people choice to enable them to maintain their independence. One staff gave examples of how they would offer people choice in what they wore, if the person had not selected their clothes.
- The provider used a system of regular reviews and quality assurance calls to check people were happy with the care and support they received. The manager would liaise with people and their relatives to ensure staff were supporting people in the way they wanted, and they were enabled to make decisions about their care per call.

Respecting and promoting people's privacy, dignity and independence

- People reported that staff treated them with respect and protected their dignity and privacy at all times.
- People were supported to maintain their independence and encouraged to complete tasks that they were able to do independently.
- Staff understood the importance of making people feel comfortable in their own homes, especially as they visited. They further were able to describe how people's privacy was protected. One staff member said, "If a visitor is present, I ensure the door is closed, and [name] is happy for me to continue assisting."
- The provider held people's confidential information securely both on the electronic and paper recording systems used by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was delivered in accordance to people's wishes. Care plans were written in the first person, clearly outlining how people wished to be supported. These were detailed and contained information that ensured staff could deliver care in line with people's preferences.
- People and their relatives told us they were involved in writing and reviewing all care plans and documents related to how they were supported. We saw the manager book an appointment for a review during the inspection. A copy of the review was forwarded subsequently to illustrate the reviewing process.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured the service complied with the AIS. A policy detailed the importance of information being provided to people in a format that was comprehensible and accessible to them, was signed as being read and understood by all care staff.
- For one person who had a hearing impairment and short-term memory problems, staff had agreed to communicate information in written form on a daily basis. The service was further developing a personalised visual pictorial communication tool. This would contain photos of the person's home, staff, and utensils that may aid communication during visits. If successful, the provider would roll this out to all people using the service, where necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service encouraged where appropriate community and social integration. Staff encouraged people to access the on-site restaurant, and the on site activities that were offered by the management company.
- A hairdresser's salon was available on site, where people could ask a hairdresser of their choice to attend.
- The management company worked with the provider to promote social integration. This included access to external agencies that facilitated activities, and activities arranged by the provider, including bingo, quizzes and coffee mornings.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that outlined what action should be taken if a complaint was received. Staff were able to advise what protocol they would follow if a complaint arose.

- People and relatives reported they knew who they could complain to, however reinforced they had no need to complain.

End of life care and support

- At the time of our inspection the service was not supporting anyone on end of life care, however, the manager told us appropriate plans would be put in place should the need arise.
- We noted that care plans did focus on this area, and discussions were encouraged between people and their relatives to determine how the service could support this. Where applicable some details had been recorded on cultural, religious and medical preferences. Details were recorded on whom to call should an emergency occur.

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.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support or ensure the governance of the service.

The provider, manager(s) and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had failed to notify the Commission that the service had been operating without a registered manager for 12 months. A registered manager was named; however, they had left the organisation in August 2018. It is a condition of the provider's registration that the location operates with a manager that is registered with the Commission. By failing to ensure compliance with this legislation the provider is in breach of the regulations.
- The provider had further failed to advise the Commission of measures that were put in place to ensure the service operated in line with regulations in the absence of the registered manager.

This was a breach of regulation 15 (Notice of Changes) of the Care Quality Commission (Registrations) Regulations 2009.

- The Commission is to be notified of any specific incidents which occur whilst the provider is carrying out a regulated activity. This includes serious injuries, police involvement and allegations of abuse.
- We found during the course of the inspection, and within the Provider Information Return, reference had been made to safeguarding incidents that had been unreported to the Commission. We further explored this with the management present on the day of the inspection. It was found that two incidents of medicine errors, that were reported to the local authority safeguarding team and subsequently followed up by them, were not notified to the Commission. A further incident of psychological abuse was also not notified. We discussed these incidents at length to determine why the provider had failed to notify the Commission. It was determined that the provider had not fully understand the necessity to report allegations of abuse, irrespective of whether actual harm came to people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure compliance with reporting of all notifications. This placed people at potential risk of harm. This was a breach of regulation 18 (Notifications of other incidents) of the Care Quality Commission (Registrations) Regulations 2009.

The provider responded immediately during and after the inspection. Notifications were submitted retrospectively, to ensure the Commission had a record of all incidents that were reportable.

- The manager completed audits of care documentation, risk assessments, supervision records, medicines,

environments and staff files either weekly or monthly. The paperwork that existed aimed to highlight any issues found and what action was to be taken.

- We found that audits were not sufficient in gathering a clear oversight of the operations. This therefore meant that errors went unnoticed or unrecorded. For example, we found conflicting information in one person's care documents in relation to the level of support they required with medicine management. One document read 'prompt' whilst another stated 'prompt and supervise'. We found no record of whether medicines were taken. This was of concern, as it was noted this person was forgetful, although compliant with medicines.
- This became further complicated when we spoke with the person's relatives who advised staff did not only prompt and supervise, but on occasions assisted with administering the medicines. The manager was unaware of this. As a result, a medicine administration record sheet had not been used. This meant that staff were not accountable for medicines, when it was evident they should have been.
- The audits had failed to pick up this point.

We found no evidence that the person had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that risk assessments and care plans had been amended to ensure the required support with medicines was in line with documentation. They further advised they were in the process of developing new governance documents to ensure cross referencing between documents was easier to complete and highlight any deficiencies.

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

- The manager was committed to delivering high quality, individualised care which met people's specific needs.
- People told us staff were approachable, open and delivered personalised care and support in the way they wanted.
- Staff reported the manager was supportive, open and approachable. One staff member said, "She is very good. Her knowledge is immense, and we know she is going to change this place for the better."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy in place relating to duty of candour and the importance of transparency when investigating something that goes wrong.
- The management team were able to reflect on when this policy may be required, providing clear examples of the protocol that would be followed.

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

- The provider sought regular feedback from people to identify ways to improve the service.
- Staff were supported and encouraged to feedback about people's care and the service provided through regular team meetings and supervisions. However, we noted that staff did not always take this opportunity to highlight and accurately advise management of people's changing needs. The manager noted and acknowledged this, and arranged a staff meeting specifically to discuss the need to accurately advise

management of people's changing needs, so that documents can be updated as required.

Continuous learning and improving care

- The service continually assessed all accidents, incidents and falls to ensure they could implement measures to mitigate the potential of a similar occurrence. Where it was recognised that this may prevent a person's independence, consideration was given on how to manage this most effectively. For example, increasing call times enabled people to continue completing tasks with staff support, eventually reducing call times to enable and promote independence.
- The provider and manager used quality assurance audits, to seek feedback on how the service could be improved from stakeholders, people, staff and families. This was developed into an action plan that was then circulated to the relevant teams to ensure the actions were met.
- The manager was supported by a regional operations manager who ensured the service had all the necessary skills to facilitate and improve care delivery, although acknowledged the provider had failed to ensure compliance with regulations. This included authorising additional training that supported staff to care for people better, as well as enabling the manager to improve the service in line with their vision.

Working in partnership with others

- The service worked well with external professionals. Advice was sought as and when required ensuring people's changing needs were met as soon as possible.
- The service encouraged integration within the community. External entertainers, professionals were asked to visit the site in communal areas, and where possible outings were arranged for people to visit places.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider did not have effective systems or processes established or operated to ensure compliance with the regulations.</p> <p>Regulation 17(1)(2)(b)(c). Good Governance, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>