Yourlife Management Services Limited

YourLife (Fleet)

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 30 August 2018 and was unannounced. This was the first inspection due to the service being new, so we could not gather any information from past reports.

Yourlife Fleet provides home care services. The service is available to people who live in one of the leasehold apartments located in the grounds of Kings Place in Fleet; if people wish to purchase a personal care service from the provider. People can also arrange personal care with external providers if preferred. At the time of our inspection five people received personal care provided by the service.

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 service did not have a registered manager at the time of inspection, but the provider had put in place an area manager who was currently 'stepping' in to the role and actively recruiting for a registered manager.

The service until recently had failed to carry out any quality assurance checks to monitor the service and improve. Improvements were being made, however these had not yet been imbedded and sustained. There was a clear vision for the delivery of good quality care to people and a positive culture within the staff team. People and staff were engaged and involved with the service. The service worked with other agencies in the provision of people's care.

People were safeguarded from the risk of abuse. Potential risks to people had been identified, assessed and managed so they could stay safe whilst maintaining their freedom. There were sufficient staff to provide people with their care safely. People received their medicines where required, from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection during the provision of their personal care. Processes were in place to ensure any incidents were reflected upon and relevant changes made for people's future safety.

People's care needs were assessed prior to the commencement of their care and were reviewed regularly. Staff had the appropriate skills and knowledge to provide people with effective care, however, until recently the service had not carried out comprehensive inductions, training or staff competency checks, therefore this work needed to be embedded and sustained. Staff supported people as required to ensure they ate and drank sufficient for their needs. Staff worked both within the service and across organisations to ensure people received effective care. People were supported by staff to ensure their healthcare needs were met and healthcare professional's guidance was followed. 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 reported they were treated in a kind and caring manner by staff. People were supported by staff to

express their views and to be involved in decisions about their care. Staff ensured people's privacy and dignity were upheld during the provision of their personal care.

People received personalised care which was responsive to their needs. People's concerns and complaints were sought, listened to and relevant action taken. People's views about their end of life care had been sought and staff had undertaken relevant training.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Good.

People were safeguarded from the risk of abuse and risks to people had been identified, assessed and managed to ensure their safety.

The provider operated robust recruitment practices and there were sufficient staff.

People received their medicines safely.

People were protected from the risk of acquiring an infection during the provision of their care.

Processes were in place to review and learn from any incidents.

Is the service effective?

Good

The service was effective.

People received comprehensive assessments and care plans were created from this to ensure care was individualised and person centred.

Staff received training and ongoing support in their role, however, until recently staff had not received the required training for their role.

People had access to healthcare services as required.

Staff worked in partnership with other services to help ensure people received effective care.

Staff respected people's legal rights and freedoms.

Is the service caring?

Good

The service was caring.

Staff understood people's needs and were caring and attentive.

People were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and preferences.

People's complaints and concerns were investigated and dealt with thoroughly

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The area manager promoted a positive culture that was open inclusive and empowering that achieved good outcomes for people.

People were supported by a service that used quality assurance processes to effectively improve the service people received. However, these had only recently been put in place, so this work needed to be embedded across the service and sustained.

Incidents were used as learning opportunities to drive improvements within the service.

YourLife (Fleet)

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 inspection took place on 30 August 2018 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, the provider partially completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. The PIR was partially completed due to the previous registered manager leaving so we gathered the missing information at inspection.

During the inspection, we visited and spoke with two people about their experience of the care provided. We spoke with the area manager and five care staff.

We reviewed records that included four people's care plans, five staff recruitment and supervision records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People and staff told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep people safe. One person told us, "I feel safe, there's nothing more they could do". One staff member told us, "It's good quality care, people are safe".

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, what to look out for and how to report concerns if they had any. None of the staff we spoke with had seen anything, which caused them concern, but they were confident any concerns would be handled effectively and promptly by the area manager. Staff had recently received refresher safeguarding training.

We discussed safeguarding with the area manager. There had not been any safeguarding concerns, the area manager showed us their safeguarding policy and discussed the process that would take place should there be a safeguarding concern. This was to report to and liaise with the local safeguarding authority and notify the Care Quality Commission as required by the regulations. Suitable procedures and policies were in place for staff to reference. All staff that we spoke with were aware of the whistleblowing policy, the importance of raising any concerns about people's safety, and the legal protections in place for whistle blowers.

Risks to people had been assessed, in relation to areas such as: falls, pressure areas, moving and handling and the environment for example. Details of how to minimise these risks were recorded in people's care plans. We noted that one person required assistance to be moved using a hoist, there was a risk assessment in place and staff knew how to move this person safely. Safety checks for the hoist were also in place.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. There was minimal use of agency staff, and if agency staff were used these staff were wherever possible not used for personal care. Staff worked extra hours or shifts to cover any sickness or holidays to minimise the use of agency staff. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. There were enough staff to meet people's needs.

The provider had systems and processes in place to ensure medicines were managed safely in accordance with current guidance and regulations. Staff were sufficiently trained and regularly assessed for their competency of administering medication.

We looked at the medicines administration records (MAR) for people who required assistance with taking their medicines, which were available in people's care files. These contained relevant information, such as if the person had allergies or preferred to take their medicines in a particular way. We noted there were no gaps in these records.

We noted all staff received training in managing infection control in line with the provider's infection control

policy. The staff we spoke with were aware of their responsibilities with regards to this and the importance of it. Staff had access to appropriate personal protective equipment (PPE). This included gloves, aprons, and hand gel. Staff advised PPE was provided by the provider and easily accessible when it was required.

The provider had arrangements in place to learn and make improvements if things went wrong. Staff reported and recorded accidents and incidents so that they could be analysed for any trends and patterns. Where there were lessons to learn, the provider used staff meetings and supervisions to communicate them across the team.

Good

Is the service effective?

Our findings

People and staff told us that they received care and support that met their needs and that choices were given to them about the care they received. One person told us, "The carers always ask me what I would like or if I need anything, they are great." One staff member told us, "Every single person gets person centred care."

Assessments were carried out prior to people commencing care. The person's needs were identified with their input and a person-centred care plan created, which was reviewed and updated regularly. Care plans included information on any healthcare concerns. Risk assessments for example, regarding manual handling, stated the number of staff required for assisting people when they received help with personal care. Care plans also contained information regarding people's medicines.

New staff undertook an induction programme. The training consisted partially face to face training and partly e-learning. The training was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Staff's competence was assessed regularly and discussed in regular supervisions, however, both the training and competency checks had only recently been introduced since the area manager had been supporting the service. These needed to be embedded and sustained as previously staff's experience had been of little induction or training. One staff member told us, "I didn't have an induction and have had little training until the last six weeks, [the area manager] has put it all in place and is sorting everything out."

Yourlife Fleet were not supporting people with eating and drinking at the time of inspection, as no-one required this care, however, people if required could have food or fluid charts on their care plans. The area manager confirmed that if they were concerned regarding a person's eating or drinking that they would liaise with the GP regarding this.

The area manager told us of how the service are not often required to be involved in helping people to access healthcare services as people were quite independent and had a lot of support from family members who do this for them. The area manager did tell us that at times if required staff had accompanied people to healthcare appointments such as GP and hospital appointments.

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 were asked to sign their consent to the care provided, which records confirmed. The area manager told us all of the people they provided care for had the capacity to consent to their care.

Good

Is the service caring?

Our findings

People we spoke to told us the staff were very caring and kind and they felt well cared for. One person told us, "I'm very happy with the care, they are all great." One person told us, "They cover me up when washing me."

The area manager told us they had a staff team they found to be caring and compassionate. They said, "The staff are great, they really care and help each other out to ensure the people they work with get all they need. They go the extra mile and cover shifts and work late." Staff told us they had enough time with people who received personal care but that generally they were stretched with other tasks. One staff member told us "There's not enough time to do everything but we prioritise the people who require care, they never get missed."

People had consistency of staff where possible, so they could build a professional relationship based on trust with them. Where there was a change in staff, there was a period of time when the new care worker went with the current care worker to make the transition less disruptive.

Staff told us about people in a way that showed care and compassion. One member of staff told us "Everyone really cares, we treat people how we would our own family." One staff member told us "We make sure all people's needs are met and we have time for them, I work late sometimes to take them for coffee."

People told us they were involved in their care planning and had their independence and wishes respected in the process. There was evidence of this in people's care records. Where staff noticed people's needs or preferences had changed, this was fed back to the area manager, who made the necessary changes in the care plan. One person told us, "I am fully included in my care plan and this plan has been reviewed with me recently, I want my son involved so they talk to him or email updates."

People told us they felt they were treated with dignity and respect. One person told us, "They respect my wishes and always ask me before carrying out any care and tell me what they are doing." People and staff told us they were encouraged to maintain independence as much as possible. One person told us, "They only do as much as I need, they encourage me to do things for myself even though it takes longer." One staff member told us, "It's important people don't lose independence."

Good

Is the service responsive?

Our findings

People told us the service was responsive, their comments included, "Staff understand me and what I need." "They [staff] encourage me to do things for myself." "I go out for coffee with staff often." "If I had any issues I know I could say and something would be done about it."

The area manager told us, that the service aimed to provide people with, 'person centred care' and did this by capturing people's individual care needs when speaking with them. Records showed people had been involved in developing all aspects of their care plans and risk assessment. People's care needs, preferences and aims and objectives were documented, such as maintaining their independence. People's care plans were regularly reviewed with them and agreed changes were implemented. Where consent had been given people's relatives and loved ones were included in this process.

The service was responsive to changes in people's care needs, additional visits were provided if people required them, timing of visits were also changed to accommodate people's daily schedule such as appointments or family visits.

Most of the people who received personal care did not require support to access activities, however the service did take people out for coffee. Within the housing complex there were activities on offer such as quiz's, games, cards and family get togethers were arranged such as cheese and biscuits evenings. If required care staff supported people to access these activities. In addition, staff supported people to go out if required, for example, to garden centres.

People had been provided with information about how to make a complaint and how any complaints would be addressed. People were able to make complaints in writing or had the opportunity to drop in and speak with the area manager about any issues. The area manager was also in regular contact with relatives and loved ones and had received concerns by phone or email from them. People spoken with knew how to make a complaint and felt confident that any concerns they expressed would be addressed. Staff understood their role if they received any complaints. Concerns and complains raised had been dealt with in line with the providers policy.

People were asked about their end of life wishes during their care planning. Although staff had not supported anyone at the end of their life, they had undertaken training in end of life care and could work with relevant healthcare professionals as required.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the area manager, who was temporarily managing the service on a day to day basis whilst actively recruiting for a new 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.

The service until recently had failed to carry out any quality assurance checks; this included regular audits including infection control, medicines management, support plans, and observations and spot checks on staff to assess continued competency. The area manager had been proactive in carrying out a recent audit across all these areas and had begun to implement improvements from the outcome, however these needed to be embedded across the service and sustained. More time was needed to evaluate the effectiveness of these newly implemented auditing processes.
Staff reported the team functioned well and there was a positive culture among the team which we observed, although there had been an unsettling period until recently with changes in management and shortness of staff. One staff member told us, "Things are getting there, and I feel more supported lately." One staff member told us, "We all support each other, [area manager] is amazing and is turning things around." The area manager had a proactive approach to improving the service for people and staff. Feedback from people, relatives and staff were ongoing to enable the service to improve.

The provider had a clear vision to provide a good standard of care and support based on the aims and objectives of the service which were to promote; privacy, dignity and respect. To respect individuality and to provide a reliable, quality-assured, seamless service within a culture where quality is everyone's responsibility with an ethos of continuous improvement. When we spoke with staff it was evident they worked within the provider's aims and objectives.

Staff had recently begun to have supervisions and appraisals, previously this had not been in line with the provider's policy in respect of frequency. These provided an opportunity for staff to feedback about any concerns they had, this was also done through team meetings and the area managers 'open door' policy. People, relatives and loved ones could feedback through questionnaires that were sent out and at homeowner's meetings. People also were asked for feedback following care reviews to see how they felt the review process was and to ensure the reviews contained all a person would like.

The service worked in partnership with other agencies where this was required; however, the people receiving personal care were quite independent and had a lot of family involvement and support so rarely needed this from the service. There had been occasions when the service had worked with GP's and community nurses.