

Your Lives UK Limited

# Your Lives UK Limited

## Inspection report

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Date of inspection visit:  
31 May 2018

Date of publication:  
09 July 2018

## 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 ●

# Summary of findings

## Overall summary

Your Lives UK Limited is a domiciliary care agency. It provides personal care to people who live in their own houses and flats in the community. Not everyone using Your Lives UK Limited receives regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; which is help with tasks related to personal hygiene and eating. Where they do receive personal care we also take into account any wider social care provided. During the inspection, there were ten people receiving personal care. Support was mainly provided to older adults and younger people for social support, outings and activities.

The announced inspection took place on 31 May 2018. At our last inspection we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported to have maximum choice and control over their lives. Staff supported people in the least restrictive way possible. Policies supported this practice.

Staff knew how to recognise and report potential harm or abuse. Safeguarding issues were reported and acted upon. Incidents and accidents were investigated. Risks to people's wellbeing were assessed and reviewed to maintain their safety and wellbeing.

There were enough staff provided to meet people's needs. Staff were trained in a variety of subjects to maintain and develop their skills. Staff supervision was undertaken.

Staff understood people's dietary needs and these were met.

People told us the staff were caring and kind.

People were involved in making decisions about their care and support and their preferences were recorded. Reassessments of people's needs occurred as their needs changed.

Complaints raised were investigated and this information was used to help to improve the service.

An 'on call' system operated outside of office hours to allow people, their relatives or staff to gain help and advice, at any time. Quality monitoring checks and audits took place. Senior staff undertook 'spot checks' to observe how staff delivered care. People were asked for their opinions about the service. Feedback received was acted upon.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 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.

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

This comprehensive inspection took place on 31 May 2018. It was announced and was undertaken by one adult social care inspector. We gave the service 48 hours' notice of the inspection visit because the location provided a domiciliary care service. We needed to be sure the registered manager would be in.

Prior to our inspection, we asked the provider 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.

We looked at the notifications we had received and reviewed all the intelligence the Care Quality Commission (CQC) held to help inform us about the level of risk present. We received survey results we had sent out prior to our inspection. We reviewed all of this information to help us make a judgement about this service.

During our inspection we looked at a variety of records; this included three people's care records, risk assessments and medicine administration records (MARs). We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and the complaints information. We also looked at three staff files, which included staff's training, supervision, and appraisal records, as well as recruitment documentation and staff rotas.

We spoke with the provider and registered manager, four staff and with three people who used the service.

We also asked the local authority commissioning and safeguarding teams for their views about this service

prior to our inspection.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People we spoke with told us, "I feel safe with the staff" and, "I feel safe with the care staff."

The provider had safeguarding and whistleblowing (telling someone) policies and procedures in place. Staff undertook training in how to protect people from harm and abuse. Potential issues were reported to the local authority and to the Care Quality Commission (CQC) to help to keep people safe. Staff we spoke with knew about the different types of abuse that may occur and understood what action they must take to protect people. A member of staff told us, "I would raise any issues and follow them through." Survey results we received confirmed everyone felt safe from abuse and harm.

We found risk was managed effectively and safely. People had assessments of their needs completed which included risks to their health. Environmental risks in people's homes were assessed, which helped to keep all parties safe. People had personalised risks assessments in place about issues such as, epilepsy, risk of falls, going into the community and vulnerability. Risk assessments were reviewed and updated as necessary. People were supported to take risks to maintain their independence. Staff we spoke with understood the risks present for each person in their care and they told us they monitored and managed these to maintain people's safety without restricting their freedom of choice.

Staffing levels were monitored by the registered manager. They confirmed they monitored people's needs and always ensured there were more than enough staff employed to meet them. Staff said, "There is enough staff to cover." Staffing levels were flexible and staff were able to provide adequate support for outings, social events and to stay with people in emergency situations.

The medicine management systems were robust. Staff were provided with regular training and supervision in how to assist and prompt people with medicine in line with the provider's medicine management policy. People's medicines were recorded on medication administration records (MAR). Information such as allergies was recorded to inform staff and health care professionals of any potential hazards to people's wellbeing. The registered manager audited this information to make sure people received their medicine as prescribed.

Staff were provided with personal protective equipment, for example, gloves and aprons, which helped to maintain infection control.

The registered manager monitored the safety and wellbeing of people and staff. If incidents occurred they reviewed the information available and took corrective action to help to prevent any further re-occurrence.

## Is the service effective?

### Our findings

People told us the staff were effective at meeting their needs and knew how to support them. One person said, "The staff know the support I need." Another said, "Staff would get a GP, if needed. I have no issues. Staff help me with eating meals."

Before the start of a service, people's needs were fully assessed. Information was gathered from all relevant parties to make sure people's needs could be met by the service. Staff worked with local health care professionals to ensure people received the help and support they required to maintain their wellbeing.

The provider ensured staff had the skills and knowledge they required to support people. Training was provided in a variety of mandatory subjects, such as medicine management, health and safety, epilepsy management, safeguarding, first aid, fire safety, food hygiene and the Mental Capacity Act 2005. New staff undertook a period of induction which included working with senior care staff. The staff completed the Care Certificate, this is a nationally recognised training programme to help staff develop and deliver effective care to people. Staff told us there was plenty of training on offer. One said, "I did a lot of training when I started. I get regular training courses to complete on the Care Certificate. I like this way of learning."

Staff were provided with regular supervision; these were extremely detailed and included the yearly appraisal. This allowed staff time to reflect on their practice and discuss any further development or training needs. The registered manager told us if issues were raised about staff performance supervision occurred to address them in a timely way. Staff we spoke with told us they felt supported by the supervision process.

People were supported by a core team of three or four staff, which helped to develop trust and a good working relationship. Staff took their time to understand people's individual needs which enabled them to provide effective person-centred care and support. People confirmed to us this person-centred approach occurred.

Staff monitored people's wellbeing and sought help and advice from relevant parties and health care professionals as people's needs changed. The registered manager told us they had good working relationships with local health providers, which helped to promote people's wellbeing.

People's dietary needs were assessed and monitored. Information about people's dietary needs, preferences, allergies or special diets was recorded. Staff prepared meals and encouraged people to assist if they could, staff also encouraged people to have balanced diets. People were assisted to eat and drink, if necessary. Staff reported any concerns so action could be taken to ensure people's dietary needs were met.

People were encouraged and supported to make their own decisions regarding their care and support. People who lacked mental capacity to consent can only be deprived of their liberty when this is in their best interests. Where people lacked capacity to make their own decisions care was provided in their best interests following discussions with the person's relatives and relevant health care professionals. This helped to protect people's rights.

Staff told us they gained consent to provide care and gave people choices. One member of staff said, "I always ask the person what do you want to do, what clothes do you want to wear, and what do you want to eat?" If consent could not be gained staff acted in people's best interests and followed the information recorded in their care records.

The service's office was accessible for people with mobility difficulties or who used wheelchairs. On street parking was available close by.



# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People told us the staff were caring and kind. We received the following comments; "The care staff are polite, caring and friendly", "I am happy with the staff," and "The care staff are brilliant."

We saw staff supported people when they visited the provider's office. We saw staff held friendly conversation with people, which they enjoyed. Staff were seen to be attentive, gained eye contact and listened to and acted upon what people said. Gentle appropriate touch was used by staff to reassure people, which helped people to feel cared for.

Staff told us they loved their work and treated people like 'family'. A member of staff said, "We all work together." People who used the service were supported by a regular team of staff, which provided continuity of care. Staff told us providing consistent staffing ensured they were knowledgeable about people's background and life history. A member of staff said, "Having teams of three to four staff to each client helps us cover staff sickness and holidays and support people appropriately." They went on to say, "We support people and get the right results because we know each person's personality and care needs." Staff understood how people wished to be cared for. People told us they felt cared for when receiving personal care or when they were supported in the community to undertake activities.

Staff discussed the care and support required with people. Care records we looked at confirmed how people communicated and made their views known. Staff were aware of this information. People told staff how they wished their support to be provided and staff acted upon what was said. We saw people were encouraged to remain as independent as possible, supported by staff as required.

Equality and diversity information, such as gender, race, religion, nationality and sexual orientation was recorded in people's care files. From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People we spoke with told us the staff were responsive to their needs. We received the following comments, "Staff know my needs and preferences. They listen to what I say" and "Staff know my needs, they have had training."

People's care needs were assessed before they were offered a service, which helped staff plan people's care so that it was personalised and individual to them. People's likes, dislikes and preferences for their care and support were recorded. Care plans and risk assessments were detailed, which enabled staff to understand the support people needed to receive.

We saw as people's needs changed, their care records were updated to ensure they reflected people's full and current needs. This information was shared with staff; and included information about people's physical, psychological, emotional and social needs. Staff reviewed this information at the start of each shift to make sure they understood the support people required. A member of staff told us, "People's care records are always updated, we make changes so they always reflect people's needs." Staff undertook training so they were able to support people's health and wellbeing. Staff supported people to go out in the community and to attend appointments with health care professionals, when necessary.

If staff had concerns about people's wellbeing they contacted the office, people's family and relevant health care professionals for help and advice. People were supported to visit local health care facilities. People had 'hospital passports' to inform health care professionals about their needs if they had to go to hospital, to enable their needs to be met.

The provider had a complaints policy and procedure, which was provided to people in a format suitable for them. People told us they would make a complaint if they wished, but had no complaints to raise. Complaints received were investigated and this information was used to enhance the service provided. People said, "I would complain to the manager" and, "I would complain, if I needed to."

The registered manager told us end of life care may be provided to people. This would only occur if staff were able to support people in their own home with the help of relevant health care professionals.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

People who used the service said it was well-led. One person said, "The service is okay, staff are always on time. Staff have spot checks sometimes. I am reassured that this happens." Another person said, "It is well-led, yes. It's a good service."

The service had a registered manager in place. 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 provider had clear values and a strategy in place to make sure the service delivered good care and support to people. People who used the service and staff were valued for their diversity. The service was run to make sure people received the care and support they required and remained satisfied with the service they received. There was an open and transparent ethos at the service. The registered manager and staff took pride in the support provided to people. There was an 'open door' policy in place so people could speak with the registered manager at any time.

People's views were sought from direct feedback, from spot check visits and through surveys. The registered manager and senior staff operated an 'on call' system so people who used the service, their relatives and staff could gain help and advice at any time. Feedback received was acted upon to maintain or improve the service. We saw if issues were identified these were acted upon and shared with the staff to promote learning.

Staff said the management team were approachable and listened to their views. More staff meetings had been implemented by the provider since our last inspection. Staff meetings and key worker meetings were held every month. Staff told us they could raise anything they wished and could speak with the provider or registered manager anytime. Staff said their views were acted upon. Minutes of staff meetings were produced for those who were unable to attend, which helped to keep them informed. Staff told us, "Meetings are held regularly, they [management] always keep us on top of information and bring things to our attention." We received the following comments from staff, "The manager is approachable any problems they are there to support us" and, "The management are lovely and helpful."

The registered manager had quality monitoring systems in place, which included checks and audits. These covered areas such as, people's care records, medicine administration charts, accident and incidents, recruitment and staff training. The provider worked at the service, they and the registered manager continually looked at how the service could be improved. They kept up to date with good practice issues and developments in the care sector.

The registered manager liaised with other services and health care professionals to make sure people received the care and support they required.