

Yourlife Management Services Limited

Your Life (Ipswich)

Inspection report

Booth Court
Handford Road
Ipswich
Suffolk
IP1 2GD

Tel: 01473221505

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11 November 2016

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

Your Life (Ipswich) is a domiciliary care agency, delivering services to people living in a McCarthy and Stone assisted living scheme called Booth Court. The agency offers personal care services and was providing support to seven people who live in the scheme.

The inspection took place on 03 and 11 November 2016 and was announced.

The service has a new manager who had been appointed since the last inspection. The manager had applied to be registered and their application was in the process of being assessed. 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.

At our previous inspection in May 2015 we identified a breach of regulation as we found that the provider's recruitment and selection procedures for recruiting staff were not sufficiently robust and did not always protect people.

At this inspection we found improvements had been made and criminal records checks were in place prior to staff before they started to work at the service. However we identified another shortfall but the manager took immediate action to rectify this and ensure that the member of staff was checked as suitable to work in the service.

We also found that that the safeguards in place to protect people from financial abuse and medicine errors were not sufficient and did not keep people safe. For example audits were not undertaken on the financial transaction records which were maintained when staff undertook shopping on people's behalf. Medicines were also not consistently well managed, staff were not always following best practice and the audits did not identify this. In response to our identified shortfalls, changes were subsequently made by the manager to the procedures and audits to reduce the future likelihood of error.

People told us that they were happy with the care they received and there were enough staff to meet their needs. There were clear arrangements for out of hours support to ensure that emergencies were dealt with promptly and people kept safe. People told us that the service was accommodating and flexible which gave them reassurance that their needs would be met if they increased.

Staff received induction and training for their role. A review of the quality of the training was underway in response to the feedback received from staff. Observations of practice were undertaken and there were clear systems in place to support staff. People were supported with meals and staff at the service worked with health professionals to support people with their health care needs.

People were involved in making decisions about their care and support. Their care plans had been tailored to them as an individual and outlined their care needs and how they wanted their care delivered. People's independence was promoted by staff and people felt involved in their care.

People had good relationships with the staff and were treated with dignity and respect. They knew how to make a complaint and were confident that concerns would be addressed.

The manager was aware of their responsibilities and was supported by a management team. There were a range of systems in place to check on the quality of the care and to drive improvement.

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 not consistently safe.

Medicines were not always managed in a way that offered protection to people.

The provider's recruitment procedures were improved but required further scrutiny to ensure the provider met legal requirements.

Further work was required to improve the system and processes for managing people's money and to protect people from the risk of financial abuse.

Staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report concerns appropriately.

Requires Improvement 

Is the service effective?

The service was effective

Training was provided although some issues were identified about the quality. These had already been identified by the provider who was reviewing the effectiveness of training provided.

People were supported to have choice in how their care was provided and staff had a good understanding of consent.

Staff supported people to have enough to eat and drink.

People were supported to access a range of healthcare services.

Good 

Is the service caring?

The service was caring.

People were supported by staff who knew them and were involved in making decisions about how their care was delivered.

Good 

Staff treated people with respect and kindness.

People told us that staff respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to commencement of the service and were involved in the development of their care plans.

Staff listened to people and responded to their wishes. People knew who to complain to and were confident their concerns would be responded to appropriately.

Is the service well-led?

Good ●

The service was well led

The culture of the service was open and centred on promoting the quality of life for people.

Staff understood their roles and responsibilities and were supported by senior staff

There were systems in place to listen to people and drive improvement

Your Life (Ipswich)

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.

The inspection took place on 03 and 11 November and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be there. The inspection team consisted of one inspector.

We reviewed information we held about the provider, including notifications about incidents and accidents. A notification is information about important events which the service is required to send us by law. The provider had 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 spoke to three people who used the service and a relative. We spoke with a visiting professional and five staff as well as the manager and area manager.

We reviewed a range of documents and records including three care records, medication records, quality checks, records of staff employed and staff meetings.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with the staff that supported them. Some people told us that they had their favourites among the carers but overall they were happy with the care. One person told us, "Of course some are better than others but the majority are ok." They told us that staff were helpful and they were issued with a personal alarm which they could use to summon assistance if they needed to in an emergency. One person showed us their alarm and said that they, "Keep it around their neck."

At our previous inspection in May 2015 we identified a breach of regulation as we found that the recruitment procedures were not robust. Staff had started work before the results of the safety checks were known which placed people at risk of being supported by unsuitable staff. At this inspection we looked again at the recruitment procedures and checked the records for three newly employed staff members. We found that improvements had been made and identification checks and criminal records checks had been undertaken prior to staff starting their employment. References were in place but in one of the three records we viewed a reference had been obtained from the applicant's colleague rather than their last employer. This meant that there was a risk that issues at the applicant previous employment may not have been identified. The manager immediately followed this up with the applicant's last employer and obtained a full reference

People were satisfied with staff handling of their medicines and told us they received their medicines in a timely manner. There were risk assessments in place which set out levels of responsibility and how the risks should be managed. However we found one example of staff administering medicine into a container for an individual to self-administer later in the day. This increases the likelihood of error and was not recommended best practice. This was addressed by the manager who stopped this practice on the day of the inspection and spoke to the pharmacy about an alternative and safer solution.

We looked at medication administration records (MAR) for two people and saw that staff had signed appropriately after administration. However there were transcribing errors in two of the medicine administration records we reviewed. One of the errors had been corrected in pen but there was no signature to evidence who had made the change. We spoke to a staff member about the other medicine and they told us that the staff had given the correct amount of medicine but the medication administration chart had not been amended. The manager immediately amended the systems to ensure that two staff checked any medication charts to reduce the likelihood of transcribing errors.

Documentation set out the responsibilities for ordering medicines to ensure that staff were clear and there were PRN plans to guide staff for the administration of as and when medication such as pain relief. Body maps were not in place to evidence that staff had applied pain relief transdermal patches on alternating sites on the body. The manager took action to ensure that this would be undertaken.

The arrangements in place to support people with shopping did not provide adequate safeguards to protect people from the risk of financial abuse. Staff completed a transaction record but the records were not well organised and there was no evidence of auditing. When we checked the amounts against the records we found a small discrepancy. The manager immediately responded by reorganising the records and putting

further safeguards into place to avoid a repeat occurrence.

Staff were knowledgeable about the types and signs of abuse and told us that they would report matters of concern to the manager or the area manager. We saw the local safeguarding policy and whistleblowing policies on display which provided details of reporting mechanisms. Staff told us that they had received training on safeguarding and expressed confidence that matters of concern would be taken seriously by senior staff.

Risks were identified and there were plans in place to reduce the likelihood of harm. We looked at three people's care plans and saw that risk assessments were undertaken to assess any risks to the person using the service and the staff supporting them. This included environmental risks and risks due to the support needs of the person. We saw for example that risks such as lighting, wet flooring and fire safety were assessed and where a risk was identified a plan to minimise them was put into place. People who had been identified as being at risk from for example or pressure ulcers or falls had a falls risk assessment in place with clear guidance for staff to follow. Where necessary referrals had been made to health professionals such as the district nurse or falls service.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider. Staff were supported out of hours with an on call duty rota where they could access support and advise when required.

There were sufficient numbers of staff to meet people's needs. People told us they had support from regular carers which meant that they were supported by people who knew them and their needs. The manager told us that they had a small staff team and where possible, "We try and provide continuity of care."

Staff and the manager told us that apart from one vacancy they were fully staffed. Staff undertook both housekeeping and care duties and told us that the arrangements were flexible and they were able to undertake additional care shifts if needed. All of the people we spoke with told us staff never missed a call and staff generally supported them at a regular time.

Is the service effective?

Our findings

People told us they were happy with the care and support they received and staff had the skills to meet their needs. One person told us, "They are very good at what they do". Another person told us that they preferred the, "older carers as they were more experienced." One relative told us that when their relative had become unwell staff responded appropriately and were, "brilliant."

Staff told us that they received training but were not always positive about the quality of the training. One member of staff said, "We receive the basics, but at a minimum level." Another said, "The training is not fantastic." Training records showed us that staff had received training in a variety of subjects including health and safety, fire, moving and handling, infection control and an introduction to dementia care. The manager told us that they were aware of the feedback from staff and said that the organisation was reviewing the quality of the training they provided across the service. In the interim the manager was intending to sit in on staff training to make a judgement about the quality of the training. They showed us a display board which they had recently put into place which provided key information about a range of areas including safeguarding and mental capacity act 2005. All duty managers had undertaken first aid to ensure that they were clear about what to do in an emergency. Staff told us that they were enabled to undertake training in Qualification and Credit framework (QCF) and the manager confirmed that a number of staff had completed this

Staff told us that newly appointed staff shadowed an experienced member of staff before working unsupervised. The provider was in the process of introducing the care certificate; this is a nationally recognised induction programme for staff new to the care sector.

Staff told us that they were well supported and the manager was approachable. Staff had regular supervision throughout the year and an annual appraisal which gave them an opportunity to discuss their progress and any development needs. We saw records which showed that spot checks were carried out by the manager on care staff to check the quality of care they provided to people and ensure that it was in line with best practice. In addition competency checks were undertaken on medication to assess their competency and we looked at a sample of these records as part of the inspection.

People told us that they were involved in their care and listened to. We observed staff seeking permission from people as they went about their duties and they demonstrated a good understanding of the principles of consent. Staff gave us examples of how they ensured that people had choice in the provision of care, for example in what they would like to wear and to eat. People's care plans demonstrated that they were involved in their care and there were records in place for example areas such as power of attorney and arrangements in place for ascertaining people's wishes for DNAR which was undertaken with their GP. The manager told us that no one was subject to deprivation of liberty and we did not observe any restrictions in place.

People were supported to eat and drink. While some people had meals in their own home the majority of people attended the communal dining room for their main meal. People spoke positively about the meals

which were provided.

People told us that staff assisted them to prepare breakfast and the evening meal where appropriate. One person said, "They cut up my food to make it easier for me." We observed that the people we spoke with had drinks within reach, which they could access independently. Pictures of healthy diets were maintained in care plans as prompts for staff.

Staff told us about the steps that they took when they had a concern about an individual reduced appetite or weight loss which where necessary included the fortification of food. We saw that where concerns were identified contact was made with the dietician and food and fluid charts completed to monitor the individual's dietary intake.

People were given support to help them stay healthy. Most people were able to manage their own health appointments; however support was available if required. A visiting health professional told us that staff contacted them appropriately and were helpful in their approach. Staff recorded the support they provided on each support visit and other observations relating to people health and wellbeing. These records showed us that when necessary staff had taken action to ensure that people received the health support they need and we saw that people had access to support from GPs, community nurses and the hospice team.

Is the service caring?

Our findings

People and relatives told us staff were kind and caring in their approach. One person told us that staff, "are kind and gentle." Another person spoke positively about a member of staff and told us how they "really listen to me" and how they had helped their overall wellbeing.

People told us that they received consistent care from regular carers and this enabled them to develop good relationships with them. They told us that staff were calm and care was not rushed. This was endorsed by a relative who said the staff, "Spend time with people."

Staff were knowledgeable about the people they cared for and were able to tell us about people's preferences daily routines and their likes and dislikes. They spoke with empathy when referring to people. One member of staff said, "I would be happy for my relatives to come here... I treat everyone as I treat members of my family."

We observed that staff approached people in sensitive, respectful manner. They made sure that individuals could hear them and had good eye contact before starting to communicate. They were observed offering people choices and waiting for them to answer before proceeding. Staff told us that that they received training on maintaining people's privacy and dignity and outlined how they put this into practice when providing personal care.

People told us that they had control over their life and had choice in what they wanted to do and how they were supported. People told us they were aware of their care plans and had access to them if they wanted to. They told us that they had input into them and made decisions about their care. We saw evidence that care and support plans had been personalised to the individual with the aim of facilitating individualised care. Staff told us that they were encouraged to assist people to remain independent and allow people to do things for themselves if they wanted to. One person told us that they were due to have a new door fitted on their flat and this was automatic and would enable them to come and go more independently. Care and support plans were written in a positive way and outlined what people could do.

Staff were aware of their responsibilities to protect people's confidentiality. They understood they needed to protect people's personal information. People's records were located in people's individual flats and were maintained securely.

Is the service responsive?

Our findings

People told us that the service met their needs and was tailored to them. One person told us that staff were, "Very thorough and caring." We were told that the service was very flexible and could respond quickly to changes. We observed an example of this on one of the days of our visit and the service immediately responded to changes in one person's requirements and increased the levels of support.

The manager was in the process of updating the care plans and putting them into the providers new care planning format. This work was not fully complete but was well underway. The new plans were detailed and informative and provided information about what was important to each individual. One person told us that while they did not mind male carers, they did not wish them to help with their personal care and told us that this had been respected by the service.

Staff spoke positively about the care plans and told us that they contained, "All they needed to know." Another member of staff told us, "There have been improvements here and care plans have been updated and reviewed." We saw that they were written in a person centred way and provided clear guidance to staff on the individual's needs, equipment in place and how care should be delivered.

The manager told us that they were intending to ensure that the care plans were kept up to date and reflective of people needs by undertaking monthly reviews. They showed us the documentation that they intended to use as part of this process and confirmed that this would be undertaken in conjunction with the individual using the service.

Daily records were completed by staff which recorded the care they had provided and any changes in the individual's wellbeing. Additional monitoring records such as food and fluid charts were put into place where for example an individual was not eating and there were concerns about their health. There were clear arrangements in place to ensure that information was handed over to new staff coming on duty.

The duty manager had good oversight of the care on a daily basis and people told us that communication between staff was generally good.

People told us they had confidence in the management to deal with any concerns they might have. Information which guided people as to this process was provided to people. We looked at the records of complaints and saw that no complaints had been received about the service provided by the domiciliary agency.

Is the service well-led?

Our findings

The service had clear aims and objectives which included supporting people to be as independent as possible. These aims were understood by staff and people told us that the staff put these into practice. People were positive about the support that they received.

There was a new manager in post and staff told us that they were still getting to know them and how they liked things undertaken. Feedback was generally positive. One member of staff said, "Things are better, I feel listened to and have been given more responsibility." Another member of staff said the new manager, "Talks to us about things."

Staff told us that they were supported and the manager was approachable and had an open door policy. One member of staff told us that when issues were raised, "She tries to sort them out." Another said, "I am learning lots from the new manager"....she has helped me." The manager was supported by a team of duty managers who provided management cover on a twenty four hour basis. One member of staff said, "You are never on your own here; there is always a manager on duty."

We saw records which evidenced that staff received regular supervision and appraisals. People told us that spot checks were also undertaken on carers to check on their performance. We saw records to evidence that observations were undertaken on a regular basis on areas such as infection control, the promotion of dignity and moving and handling. Issues which were identified were taken forward through the supervisory process.

The manager told us that they ascertained the views and opinions of people who used the service in a range of ways including home owner meetings, regular reviews and surveys. We looked at a sample of the surveys and spoke to the manager about the results and saw that the feedback was largely positive. Surveys were also undertaken with staff and the area manager told us that the results corresponded with findings of the surveys undertaken by the CQC as part of the inspection. The area manager told us that as a result there had been management changes and the new manager was now only responsible for one housing project which meant that they were now more accessible to staff.

The manager told us that there were two monthly checks carried out by the area manager as well as an annual unannounced visit by the operational manager. They told us that these visits involved speaking with people about their experience of the service. We looked at the records of the most recent of these visits and saw that the audit referred to each of the key lines of enquiry and checks were undertaken on areas such as medication, first aid, consent and training.

The audits however had not identified some of the issues that we had found. However the managers prompt actions during this inspection assured us that they understood the issues and the need to take appropriate steps to mitigate the risks to people's health welfare and safety.

The manager showed us their action plan which identified the areas that they were working on and the

steps that they were taking to drive improvement. This set out clear priorities and demonstrated that the provider was monitoring performance and was striving to develop the service.