Yourlife Management Services Limited

YourLife (Maidenhead)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection took place on 4 July and 13 July 2018 and was announced.

This was our first inspection of the service since the provider added the location to their existing registration.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, and people with physical disability, sensory impairment or dementia.

YourLife (Maidenhead) is located within a set of 60 apartments. Each apartment has self-contained living arrangements, but the premises have communal facilities such as lounge areas, dining rooms and restaurants, fitness and wellbeing facilities and a beauty salon. We do not regulate the premises. Not everyone living in the apartments received personal care. A package of personal care is offered to people in the apartments when they need support from care workers. People who live in the apartments are not obligated to choose the service, and can opt to use any domiciliary care agency.

At the time of our inspection, three people used the service and there were 11 staff.

The provider is required to have a registered manager as part of their conditions of registration. 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 the time of our inspection, there was a manager registered with us.

People were protected from abuse and neglect. Appropriate systems were in place to safeguard people from the risk of preventable harm. People's care risks were appropriately assessed, mitigated and recorded. Recruitment practices and supporting documentation met the requirements set by the applicable legislation. We found appropriate numbers of staff were deployed to meet people's needs. People's medicines were safely managed.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems at the service supported this practice.

Staff support was satisfactory and ensured workers had the necessary knowledge and skills to provide effective care for people. People's care preferences, likes and dislikes were assessed, recorded and respected. The service worked well as a team to ensure the best possible care for people.

The service was caring. There was complimentary feedback from people who used the service and relatives.

People or relatives were involved in care planning and reviews. People's privacy and dignity was respected when care was provided to them.

Care plans were appropriately personalised and contained information of how to support people in the right way. We saw there was complaints system in place which included the ability for people to contact any staff member or the management team. We made a recommendation about the complaints policy and procedure.

People, staff and others had positive opinions about the management and leadership of the service. There was a good workplace culture. Audits and checks were used to monitor the safety and quality of care. People's equality and diversity was respected, and their human rights were upheld.

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 safe.

Effective systems were in place to protect people from the risks of abuse or neglect.

Appropriate risk assessments about people's care were completed and regularly reviewed.

There were sufficient staff deployed to meet people's needs

Incidents and accidents were reported and investigated.

Is the service effective?

Good

The service was effective.

People's needs and preferences were assessed and used to inform their planned care package.

Staff received satisfactory support which provided them with the knowledge and skills to care and support people.

People's consent was obtained and the service complied with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff were caring and dedicated.

People had developed positive relationships with staff.

People were encouraged to participate in care decisions.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's care was tailored to their needs.

People and relatives knew how to make a complaint.

The service met people's communication needs in accordance with the requirements set by the Accessible Information Standard.

Is the service well-led?

Good

The service was well-led.

People and relatives told us the service was well-led.

There was a positive workplace culture with clear organisational goals and objectives.

Staff were involved in the operation of the service and worked collaboratively with the management team.

Relevant audits were completed to ensure safe, quality care.

YourLife (Maidenhead)

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.

Our inspection site visit took place on 4 July and 13 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit so that the management team would be available.

Our inspection was completed by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our inspectors completed the site visit and visited people in their homes. Our Expert by Experience completed telephone calls to people and relatives.

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).

We did not ask the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the home visits we spoke with two people who used the service, two relatives and with two care workers. We spoke with two relatives by telephone. We interviewed two other care workers at the office. We also spoke with the registered manager. We observed interaction between people and staff. We reviewed three people's care records, three personnel files and a medicines administration records

After our inspection, we asked the registered manager to send us further documents and we received and reviewed this information. This evidence was included as part of our inspection.

Good

Is the service safe?

Our findings

People and relatives felt the care provided by the service was safe. Comments from relatives included, "I think staff are well trained and know what they are doing. The main thing is that they remind my relative to eat her lunch and have some soup or something in the evening. If they didn't, she probably would just forget to eat" and "I'm quite sure my relative is safe with the carers. To be honest it's not something I've ever thought about, but I would know from how she is when I get back [from the community] whether anything had troubled her."

We saw safeguarding information about how to identify signs of abuse and report concerns, including contact details for the local safeguarding team, on a central noticeboard. Staff had read and signed the safeguarding policy, dated January 2017. Safeguarding roles, responsibilities and reporting lines were also clearly displayed in the staff room along with the whistleblowing policy and procedure. Safeguarding information was observed as an agenda item in team meetings minutes, including a safeguarding quiz to refresh staff knowledge and test competency. The registered manager demonstrated sound knowledge of safeguarding procedures.

The provider had a standardised approach to documenting care plans and risk assessments, and the presentation of people's care information was clear and easy to follow. We saw that risk assessments covered areas such as personal care, continence support, mobility and sensory and specific assessments such as oral hygiene and accessing the community.

Risk assessments used a matrix to indicate the severity and likelihood of residual risk and clearly identified hazards. The risk assessment also set out safe measures to mitigate risk. The registered manager could not locate a provider process for identifying a higher frequency of reviews in response to high risk. However, he explained that safe measures often brought the level of risk down to a manageable level which did not require frequent reviews. We saw that documentation was signed and dated by the registered manager and included hand written updates in response to reviews. The registered manager explained that the memory clinic also checked through people's care plans where relevant and provided input. All staff had read and signed the care plans and risk assessments we viewed. This meant that staff were aware of people's changing needs and risks and had the knowledge to support people with personal care effectively.

At the time of our inspection, three people used the service. There were sufficient staff deployed to provide safe care for people. Calls to people's homes were not missed, and almost always on time. There were a small number of occasions where the person care call was late, however there were valid reasons why and the person or their relative was informed when staff were likely to be behind in the schedule. One person said, "They [staff] are sometimes a bit late, but never so much that we're worried. Only a few minutes and it's usually if they've had to do something first before they come. As long as they come, I don't really mind." Duty managers were available 24 hours per day, and people could call for help outside of their designated care times. People's care packages were designed to meet their individual needs, and staffing deployment was established from the number of care hours required each day. The provision of calls during a shift was discussed with duty managers at staff changeover, so any issues were known by the senior management

team. A suitable plan was in place for severe weather events, and this worked effectively during the period when it snowed. Staff could get to work and people's care was provided in a timely way.

We reviewed the content of three staff personnel records. We saw that new employee checks for criminal history were made via the Disclosure and Barring Service (DBS). Copies of DBS certificates were not held on file at the service level, however these were provided to us later to prove the checks were completed at the beginning of staff employment. There were unexplained gaps in people's employment history which had not been explored as part of the recruitment and selection process. The registered manager showed us a document he had produced in recognition these gaps existed that he planned to explore with staff in their upcoming supervision sessions.

The provision of medicines is not a defined part of personal care in the regulations. However, we checked this to ensure people received safe care. We viewed a person's medicines administration record (MAR). These were produced and printed internally to promote clarity and consistency for care workers due to people choosing to use different pharmacies. We saw that the specific timing of medication was not indicated on the MAR, rather "morning" and "afternoon". However, we could see that the time of administration was always recorded by staff and people received their medicines in line with their prescriptions. The registered manager completed a weekly audit of people's MAR charts to check that records were correct and any changes in medicines were implemented.

The registered manager showed us that infection prevention and control training was completed and talked through personal protective equipment, including a 'spills kit' for bodily fluids as well as a contingency plan to isolate any infections.

There was a robust process for reporting and recording accidents and incidents to the registered manager which was further reported to head office for provider oversight. The registered manager talked through how he had responded to one incident and investigated using a root analysis approach to understand the cause. Any accidents and incidents related to personal care were logged by care workers and investigated by the senior management team. There was one medication incident in April 2018 which the registered manager reported to the safeguarding authority. The registered manager talked through what he had done to investigate and review procedures to mitigate the potential of future occurrences, as well as a process for them to review and analyse incidents. Emerging patterns were shared amongst the senior management team as part of their lessons learnt process, which was communicated back to care workers through the registered manager.

Good

Is the service effective?

Our findings

People and relatives told us the service provided effective care. A person stated, "They [the service] are just amazing. Brilliant. They always wash my hair because I can't do it myself. They wear gloves and aprons when they help me in the shower and they make sure I'm properly dried afterwards." The person went on to state, "They [staff] do their very best. I can't say more than that. I try to do as much as I can for myself but I know I am very slow. They never rush me though. They are very patient." A relative told us, "I think the carers are marvellous. They never do anything without asking if it's alright, even though they do the same things most days. They're very patient and that means I can go out and do things for myself knowing they are with her [the person]."

People's care needs were appropriately assessed to ensure their likes, dislikes and preferences were incorporated into the support they received. We looked at two people's pre-assessment care plans. These included detailed information about the person's medical history, preferences and hobbies, capacity to consent, identified needs such as communication and mobility as well as specific risks. The registered manager explained these were reviewed every couple of weeks as part of the person's transition and settling in, and therein every six months or in response to a change in need. People had one-page profiles detailing what was important to them; likes and dislikes, family history, leisure pursuits and insights into triggers for anxiety and pro-active approaches to avoid triggers or lessen the impact. The registered manager considered gender specific personal care and was trying to recruit more male staff. However, he said if people who enquired had specific staff gender requirements, then YourLife (Maidenhead) signposted them to another provider.

Staff had the right knowledge, skills and experience to provide effective care and support. We checked the service's training matrix for 2017 and 2018. Staff had achieved mandatory training as identified by the provider. Subjects included safeguarding adults at risk, food hygiene, fire safety and moving and handling of people. Due to the commencement date of the service, some training was not commenced or completed at the time of our inspection. For example, this included data protection refreshers, person-centred care and managing behaviours that challenge. The registered manager confirmed they had requested this training from the provider. We saw staff had regular conversations and supervisions with their line managers. These were recorded for formal sessions, whilst other meetings which were informal checked staff welfare and workplace workload.

People received limited physical assistance with eating and drinking, as they were mainly independent or their relative or spouse assisted them. Appropriate information was in people's care documentation about how to best support them with eating and drinking.

The service's staff worked well as a team to ensure people's effective care. We spoke with two staff who provided numerous examples of how the team worked together to provide good support. They said staff were given a "warm welcome" when they commenced work at YourLife (Maidenhead). The staff explained they had "a lot" of training to enable them to perform their role well. They described other staff members in a positive way. One worker said, "Everyone's friendly and supportive. The [senior management team] do

come and visit. They talk to us. He [the registered manager] is very involved and interested. Another staff member told us there was, "Open communication between staff" and "Having 'good' staff is working well." Staff told us they felt independent and autonomous with their decision-making. They said there was always support from duty managers and the registered manager when needed.

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 so that they can 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.

We saw that mandatory training for staff included the MCA and the registered manager demonstrated knowledge of this in line with the relevant codes of practice. One person's mental capacity assessment was led by the community memory clinic, due to their expertise and the registered manager was awaiting this report. Outcomes of capacity assessments and best interest decisions were recorded in care plans. Where relevant the person's power of attorney had provided legal consent to a person's package of care.

Good

Is the service caring?

Our findings

People and others provided positive feedback about YourLife (Maidenhead). One person said, "The carers really go the extra mile all the time." A relative's comment showed how people had adapted to the uniqueness of staff. They stated, "We found it a bit odd at first because [staff are culturally and linguistically diverse], but they are ever so kind. They're on the ball." This indicated that people and staff could quickly establish positive rapports when a new care package commenced.

We observed warm, gentle interaction from a member of staff when they provided a person with support. The care worker clearly demonstrated she understood and anticipated the person's needs and was respectful and discreet. A relative said, "I couldn't speak more highly of staff. [There was some] apprehensive moving here at first getting used to different staff, but they are very professional and have a sense of humour which is important to us".

The registered manager explained that to help improve a person's experience of the community, the service contributed to adapting a wellbeing suite. The person had dementia and did not like to see themselves in a mirror. The registered manager had considered the person's behaviour was affected by being out of their home when supported by staff. The registered manager suggested the mirrors at the wellbeing location were covered in the same material as the wall blinds. The provider's dementia advisor was involved with the planning of people's care and support. They incorporate best practise principles into the service, and this was a progressive field of care for the provider. The registered manager sent us information after our inspection of actions the service and provider were taking to provide more emotional support to people with dementia. The service had asked for ideas from another of the provider's services. This included incorporating a dementia 'toolkit' using 'ABCD' principles (a staff knowledge tool), a dementia 'champion' (staff member) and a dementia support group for relatives and others.

As part of our inspections, we check whether people's independence is maintained and promoted and their level of involvement in decision-making. Two people who used the service were very independent and required basic prompting and assistance from staff with their activities of daily living. Another person we visited, who lived with their husband, required a higher level of support from staff. Care documentation clearly set out how to protect and promote people's independence. This included instructions to staff such as encouragement of people to complete tasks and resisting taking over the person's own abilities. There was clear involvement in care planning; people who could understand their risk assessment and care plans had contributed to their development and review. For one person who could not be involved, their husband represented them in the care-decision process.

People's privacy and dignity was protected and promoted. Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains when delivering personal care and ensuring that people were covered up as far as possible. All the people and relatives we spoke with told us they were satisfied with their privacy and dignity.

Confidential information about people who used the service, staff and others was protected. At the time of

the inspection, the provider was registered with the Information Commissioner's Office (ICO), as required. The General Data Protection Regulation requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislative requirements for record-keeping. Records were secured when not in use. People's, relatives' and staff's confidential information was protected.

Good

Is the service responsive?

Our findings

People told us that they could make their own decisions and that their preferences for care were taken into consideration. One person told us, "They came and talked to me about what I needed. I just have half an hour in the morning. I did have them at night as well but I don't really need them – it was just to get my legs into bed, but I'm managing on my own." Another person told us, "I like the older [more experienced] carers best...you know, people who have a family and are used to just doing things." We saw written feedback from November 2017 by a relative who complimented the service about their experience of the assessment and transition process. There was no available feedback on the internet at the time of our inspection, so we provided suggestions to the registered manager for obtaining and recording positive feedback.

People told us their care was person-centred. This was evident in care documentation as well as staff practice. Each person had a one-page profile which contained specific information about the person's daily preferences. For example, one person's profile stated, "I like walking, especially with my little Jack Russell [dog]...board games, mostly scrabble." There was another section in the care documentation called "my critical care needs". This part of the care documents set out important aspects about a person that care workers always needed to be aware of. One person's issue with memory loss was clearly documented. The file said, "[I need] help arranging my daily calendar, and booking a taxi if needed. People's preferences for care workers were included, which also stated whether a male or female staff member was required.

One member of staff commented that all staff were always concerned about people's health and wellbeing and any changes in need were responded to very quickly. She provided an example when staff immediately noticed a detrimental change in a person's demeanour following a medication dose increase. To ensure the person's care was appropriate staff immediately contacted the relevant practitioner, who reviewed the medicines plan.

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. At YourLife (Maidenhead), the service was not subject to the requirements of the AIS because of people who used the service. However, the service had taken steps to meet the AIS regardless. Therefore, during our inspection we gathered evidence about these five steps by examining documentation, talking to staff, relatives and people who used the service.

Staff had received training in the principles of the AIS, and were knowledgeable about the requirements. There were signs and posters throughout the staff areas, which reminded staff of the AIS. When we observed care, we saw staff had embedded different methods of communicating with people to help them understand information. For example, one care worker spoke slowly, kneeled, provided reassurance and continually reminded a person what care was occurring (going to a bathroom). People's communication needs were assessed and where required, alternative means of communication were considered and applied. Care plans provided guidance for staff on how best to communicate with people.

There was a satisfactory complaints system in place. This included information for people, relatives and others about how to raise concerns or complaints. A copy of the complaints process, within the service user guide, was accessible to people in their homes. There was a complaints policy, which set out the responsibilities for staff who received, assessed, investigated and responded to complaints. Accompanying the complaints policy was a complaints process. This was an operational step-guide to inform the management team how to manage complaints. The service user guide mentioned the Care Quality Commission and Local Government Ombudsman (Now known as the Local Government and Social Care Ombudsman) as possible avenues for escalating complaints. However, neither the policy nor procedure mentioned the assistance offered by the Local Government and Social Care Ombudsman, the Parliamentary and Health Services Ombudsman, Citizen's Advice, local advocacy services and other support organisations.

We recommend that the service reviews the complaints policy and procedure.

The service had not received any complaints about care. Compliments were received and promoted to staff, by proudly displaying them for all workers to view in a prominent position. Although we do not regulate the premises where people resided, there was signage throughout the building about how to raise issues with staff, the registered manager or the provider. Cards about raising concerns or complaints were also available to hand out to people, if they wanted information to take away or give to others. People told us that they had viewed information about the service's complaints policy, but they were keen to tell us they had not had to use it. A relative stated, "If anything was going wrong or bothering my relative, I know she'd tell me and I'd talk to the manager. I feel really comfortable talking to any of them [staff] to be honest."

At the time of our inspection, no one who used the service received end of life care. The service had considered people's end of life choices and preferences, and recorded them. We checked one person's advanced care plan on file named "future care". This included details of the person's wishes and named others involved.

Good

Is the service well-led?

Our findings

People and relatives were complimentary of the operation of YourLife (Maidenhead). Comments included, "I have no complaints. This is a good service. I don't know what I'd do without them", "I can't think of any improvements they could make. They are very methodical" and "The manager is very good. He comes 'round frequently to check on things."

We found evidence of an open learning culture throughout the staff team, management and the provider. Staff appeared motivated, friendly and professional. The registered manager demonstrated a passion for providing excellent care and had a positive attitude towards valuing and involving team members. Regular team meetings were held and documented for staff to read and sign, and included a range of relevant themes. For example, topics included maintaining confidentiality, accident reporting, fire safety, feedback about people's care and support, medication support, organisational polices, a one-year team celebration, training, and a safeguarding quiz to check staff knowledge of warning signs of abuse and how to report concerns to other agencies. This meant staff received relevant information and expectations of their roles were clearly communicated.

There was a positive workplace culture at the service. The registered manager told us he held regular job chats and provided feedback about staff's performance. They told us it was important to make sure feedback was balanced, to strive for improvement and to motivate staff to perform well and feel happy in the workplace. The staff we spoke with said they felt communication from management was effective and any issues were addressed in a timely manner and fed back to the team. One member of staff said, "[The manager] is very easy to talk to, efficient, and has promoted my development and given me opportunities to grow." Another said, "He is an amazing manager, so supportive and I feel empowered to use my judgement. We had some initial difficulties with team building but he helped to create an open and honest culture. Information is shared and we accept differences."

There was an organisational equality and diversity policy, and a human rights policy in place. We discussed with the registered manager ways to raise staff awareness of the human rights underpinning principles of equality, diversity, dignity and privacy. It was evident that these principles were well embedded in practice; people's rights were respected and people were treated equally. The staff we spoke with also reported that the manager protected staff rights, and valued and supported the whole team with their personal development.

The provider's values of "passion, responsibility, innovation, determination and excellence" were displayed on a central notice board. This was alongside photos of the staff team and, as well as the phone numbers of internal senior management. We heard that members of the senior management team would visit the service for coffee mornings with people who used the service and take on ideas to continue to improve care. Staff felt the provider's representatives were approachable and open to feedback. The registered manager said he felt well supported by his area manager and had access to a quality manager and dementia advisor to seek advice. We viewed a compliments board and a note from the CEO, thanking the staff team for their efforts. In November 2017, the provider also awarded the registered manager with their 'pride award' for

showing passion in his role. This demonstrated a positive and supportive ethos from the organisation's leadership team.

People's care files were well organized and maintained, and the registered manager demonstrated sound knowledge and oversight of people's needs and day to day care. There was a quality assurance system in place whereby the completed monthly audits of people's daily log books. Areas for improvement were identified and fed back to staff to ensure records were person-centred, relevant and legible. The manager reported this had improved the quality of information recorded essential to people's continuity of care.

The registered manager told us that he understood his and the providers' responsibilities to the duty of candour and had shared information with the appropriate agency, where relevant. There were tools in place to encourage learning from when things went wrong including a form called 'reflective account for performance' to support staff, and there was performance matrix with clearly defined actions in response to staff performance.