

PuttingYouFirst Ltd

# Your Life Your Way

## Inspection report

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23 January 2019

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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

About the service:

Your Life Your Way provides care and support to adults and children living in their own homes. The service provides both domiciliary care support along with 24 hour packages in which specific teams of staff are employed to work. At the time of this inspection the service was supporting approximately 80 people.

People's experience of using this service:

Improvements had been made since the last inspection so that procedures for recording medicines were in place, identified risks to people were now fully recorded and care plans identified the intended outcomes for people and how their needs were to be met in a more person centred approach. Improvements had been made to the governance systems in place to ensure that the quality of the service was being monitored.

We have made a recommendation that a review of the roles of office based staff and management arrangements takes place to promote effective communication and service delivery

Systems for assessing and monitoring the quality and safety of the service were more effective in identifying areas for improvement within the service.

People's needs were assessed and regularly reviewed. People received care and support from appropriately trained staff. People were supported to have a nutritious and balanced diet and were supported with their healthcare needs which were understood and met.

Systems were in place to gather people's views on the service they received. People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm. Good infection control practices were followed to minimise the risk of the spread of infection.

Staff were knowledgeable about people's needs and how they were to be met. People told us they received care and support in line with their care plan. People and their family members knew how to raise a concern or make a complaint about the service. However, people had differing views on the effectiveness of the service's complaints procedures.

People were treated with kindness and respect by staff who knew them well. People spoke positively about the staff who delivered their care and support. Procedures were in place to ensure that they received information in a manner that they understood.

Details are in the key questions below.

Rating at the last inspection: Required Improvement (report published on 8 January 2018).

Why we inspected: this was a planned inspection based on the rating of the last inspection. The rating for this service has improved to good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

## 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.

Details are in our safe section below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring section below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led section below.

# Your Life Your Way

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Notice of inspection:

This inspection took place at the offices of the service on 7, 16 and 23 January 2019. All of these visits were announced as we needed to make sure that people we needed to speak with were available. During these visits we spoken with 10 staff members and three members of the senior management team, two of which were registered managers.

#### The inspection team:

The inspection was carried out by one adult social care inspector and three experts by experience who contacted 30 people and their carers and relatives by telephone on the 7 January 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service type:

Your Life Your Way is registered to provide domiciliary care and support to people within their own homes. As part of this service people were in receipt of 24 hour support packages that were delivered by a team of staff.

The service had three managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did:

Prior to the inspection we reviewed the information that we had received from the registered provider which included statutory notifications, safeguarding alerts and information from other agencies. We looked at records relating to people's care and support needs, medicines records and people's care plans. In addition,

we looked at records maintained in relation to the management of the service and policies and procedures.

Prior to the inspection the registered manager had completed a provider information return (PIR). This document gave the service the opportunity to tell us what they do well, areas of planned improvement and the services plans for the future. As part of the PIR process 13 people, two family members and 24 staff had completed a survey form telling us about their experiences of the service. In addition, eight community professionals completed a survey form.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks to people were identified and plans were in place to minimise those risks. This was an improvement from the previous inspection. Identified risks to people's health, safety and protection whilst in their own home and whilst accessing the community were recorded. Information from these assessments contributed to the planning of people's care and identified any specific support needed to maintain people's safety whilst not restricting people lifestyle choices. Risk assessments were reviewed on a regular basis to ensure they remained relevant and effective in minimising risk to people. People told us that risk assessments had been carried out as part of their care planning process. Comments included "Yes, they did all the assessments when we started with them, I was fully involved."
- A system was in place to ensure that people received care and support at all times. A team of peripatetic staff were employed to offer an 'on call' facility within the service. This staff team were employed specifically to offer hands on support in the event of an emergency, for example, a sudden change in needs or staff absence.
- Staff had access to policies and procedures in relation to health and safety and had received training in this area.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.
- Records containing people's personal information were stored securely and only accessible to relevant staff. Electronic records were password protected.
- People told us they felt safe. Their comments included "I feel very safe with them, they look after me well", "They are fantastic carers, I feel very safe with them", and "They provide very good care and I feel safe with them".
- Family members told us they were confident that their relative was safe from harm. Their comments included "[name] is very safe in their hands, he relies on them so we have to have confidence in them" and "I think [name] is, and feels very safe with them. It helps that we have the same [staff] and this makes [name] calm and comfortable".

Staffing and recruitment.

- The recruitment of staff was safe. Appropriate checks were carried out on applicants' suitability for the role before they were offered a job. However, on occasions applicants had not always completed an application form in full as they had submitted a curriculum vitae. The policy for recruitment clearly stated that an application form should be completed. This was brought to the attention of the senior management

team who demonstrated a commitment to address this.

- Sufficient numbers of staff were employed to meet people's needs. People told us that staff always stayed for the right amount of time during their visits.

#### Using medicines safely

- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked.
- Information and guidance was available to staff about how and when to administer medicines prescribed for people. This was an improvement from the previous inspection.
- Medication administration records (MARs) were in use for the recording of people's medicines.
- Audits on people's medication are carried out on a regular basis.

#### Preventing and controlling infection

- Systems were in place to try to manage and control the prevention of infection. Staff had received training and procedures were in place to try to ensure the prevention of infection.
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection. People told us "Yes, [staff], always use gloves and wash their hands" and "They [staff] are all very clean, yes they do wear gloves."

#### Learning lessons when things go wrong

- Accident and incidents which occurred at the service were recorded and analysed monthly to look for any patterns and trends and ways of minimising further occurrences. For example, an action for the improvement of reviewing clinical training for staff had been identified in December 2018 and this was in the process of being addressed by the senior management team.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met and planned for by the service.
- People, their family members and health and social care professionals were fully involved in the assessment and planning of people's care. For example, care plans and risk assessments developed for people in receipt of clinical support had their planned care and assessments reviewed by the commissioners of the service. This was to ensure that the planned delivery of care and support was appropriate for the person's needs.
- Care plans contained professional guidance and information about how people's needs were to be met.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to meet people's needs effectively. People's comments included "Some carers [staff] are better than others, but they are all well trained. They all know me well now and how I like things doing" and "I think they have the minimum of training, they learn on the job". Family members commented "I think the staff are very well trained and they know [name] very well now. They know a routine is important, so try to stick to one" and "Yes, they are all perfect for the job. They know just how to support [name], everything he needs."
- A number of people and their family members told us that specific training for newly recruited staff had not always been delivered in a timely manner. We discussed this with the senior management team who had also identified this. To address this a review of clinical training was taking place and additional trainers for specific clinical training had been resourced. Assurances were given that this would be continually monitored and reviewed.
- Training was delivered by staff who held a 'train the trainer' qualification and outside training resources. The majority of staff told us that training was available to ensure that they had up to date knowledge for their role and were able to meet people's needs, choices and preferences.
- Staff competency was regularly assessed for specific tasks within their roles.
- Newly recruited staff received induction training that was linked to a set of nationally recognised induction standards.

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

- People were protected from poor nutrition and dehydration. People had access to a choice of food and drinks with the support of staff. Specific dietary needs were planned for.

- People had a choice of what they ate for their meals. People's comments included "They [staff] do most of the cooking and we all go food shopping together, so we choose what we want" and "[staff] makes [name] meals, fresh soups, pies and things. It's always [name] choice of what she wants." Another person told us that sometimes they "Cannot be bothered eating at times but staff encourage me in the right way to eat."

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged with the support of the staff team when needed. People told us that staff liaise with their GP on their behalf and support them to hospital appointments. One person told us that staff helped them to access physiotherapy and that "Nothing was too much trouble."
- Any support people needed with their healthcare needs was recorded in their care plan.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA and found that they were. Where required the service had taken appropriate action to ensure that people's rights were maintained under the MCA,

- People's needs in relation to decision making were recorded in their care plans. This is an improvement from the previous inspection.
- Staff involved people in decisions about their care. Staff used appropriate forms of communication to maximise people's choices relating to their day to day care and support. People's comments included "Yes I do make decisions" and "I make most decisions about my care." Family members told us "Yes, [name] does decide what he wants to do and other day to day decisions" and "[name] is not really able to make decisions, but staff always ask my opinion about things, for example, what to wear."

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, dignity and respect by staff delivering their care and support. People's comments included "They are all very kind and caring people, they show a lot of compassion when they are here", "They always know when I'm having a bad day and are very kind and caring towards me" and "Very much so, they really care." Another person told us "Yesterday I had two [staff] who were not well at all, but they still turned up rather than let me down."
- Community professionals told us that the staff they meet are kind and caring towards the people who use the service.
- Staff knew people well and it was evident from their interactions and discussion that positive working relationships had been formed.
- Staff understood and supported people's communication needs. Staff were clearly able to describe how they communicated with people. This included verbal, signally and the use of gestures. One person who had a sensory need told us "Members of staff explain fully any information that's given, I feel that I know everything that I need to know, they're great." Another person told us that English was not their first language and they had information given in their choice of language.
- People, along with family members, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information help plan people's care and deliver support appropriate to the person.

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

- People and family members were encouraged share their views about the care provided. People's comments included "If I do have anything to say, which does not happen often, yes they [staff] listen to me". People told us that staff delivering their care and support always listen to them, however, people told us that they didn't always feel listened to by staff working at the office.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support. Comments included, "Very much so, I am obviously here all the time so I am fully involved." One family member told us "We work as a team and respect each other."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity whilst delivering personal care. People's comments included "They're always very kind and gentle towards me. They're always very respectful when they are washing me, I feel comfortable with them."

- People's wishes in relation to maintaining their privacy, dignity and independence were recorded in their care plans.
- People told us that they were asked their preference of gender of staff supporting them.
- Staff ensured that people's confidentiality was maintained. People's personal information based at the office was stored securely and only accessible to authorised staff.
- All community professionals who completed a survey form told us that the care and support provided by the service helps people to be as independent as they can be.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans contained detailed information about needs and wishes. This was an improvement from the previous inspection. People told us "Yes, I have a care plan which I agreed to, it has been reviewed" and "I do have a care plan, its reviewed every two or three months. I do know what's in it."
- People's needs were clearly identified, including those needs that related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; the service identified, recorded, shared and met information and communication needs of people as required by the Accessible Information Standard.
- Staff understood and applied the principles of person-centred care and support. People and their family members told us that staff delivering care and support supported them well. Comments included "[name] goes out with [staff] and he's getting to do stuff he couldn't do before." Other people told us that staff supported them to continue and develop their hobbies.
- Staff were person-centred in their approach when speaking to and about the people supported.
- People were provided with opportunities to access the local community.
- The majority of people told us that they were introduced to new staff. One person told us "We meet the applicants after the vetting process and [name] has spoken to all the potential candidates. They always ask us what we think and we can ask questions in the interview too."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and made accessible to all. A record was maintained detailing complaints made, how it was investigated, the outcome and any lessons learnt.
- People and family members had mixed views about making a complaint and how they felt it would be dealt with. People told us "We can always discuss things with [staff] and they always get back to us, they're very supportive and approachable. Some people told us that they had never needed to make a complaint but would do if needed. Other told us that they didn't feel that they were always listened to by office based staff. One person told us that they had made a complaint on a number of occasions, some were satisfactory and others were not. People told us that they had the information they needed to make a complaint about the service.

End of life care and support

- At the time of this inspection the service was not providing end of life care to people using the service.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Members of the senior management team had a clear understanding about their responsibilities and they had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents that had involved people who used the service. However, the registered provider had failed to inform CQC of a long term absence of a registered manager. Following discussion a statutory notification was submitted.
- People, their family members and staff felt that when they needed to contact the office staff, communication could be improved further. People told us that when they contacted the office they had difficulty in getting through to staff whose role it was to deal with their specific enquiry. At the time of this inspection the senior management team and office staff were deployed to work in specific roles. For example, office staff were given roles to oversee the service delivery for people using the service and other staff had the role of supporting staff. This gave little opportunity to oversee the service people received holistically and could result in important information not being communicated.
- The system for monitoring the quality and safety of the service had improved since the last inspection. Improvements had been made as to planning people's support with medicines, effective risk assessments had been developed and analysis and actions of incidents and accidents was taking place. A 'buddy' type system had been introduced to offer support and guidance for newly recruited staff and a more person centred approach to planning people care had been introduced. People told us that the service had improved since the last inspection. Their comments included "Since [CQC] were here last time things have improved", "Things have got better". Another person told us "There had been changes since the last time CQC were here, they seem to be more on the ball."
- The rating from the previous inspection was displayed at the service and on the providers website as required by law.
- Policies and procedures to promote safe, effective care to people were available. These documents were regularly updated to ensure that staff had access to up to date best practice and guidance for them to carry out their role.

We recommend that a review of roles and of office based staff and management arrangements takes place to promote effective communication and service delivery.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The senior management team met on a regular basis to explore ways in which to improve the service that

people received. Plans were in place to update the technology used within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were asked for their opinions in the service they received. This involved office staff contacting people by telephone to gain their views and a questionnaire being sent out to people. People's comments included "Since the last inspection they have never stopped asking us things", "The office rings occasionally to check how things are going" and "They ring us to see if we are ok, regularly."
- Staff were engaged and involved in the running of the service through regular team meetings.
- Positive relationships had been formed with external health and social care professionals. Staff sought advice and worked in partnership with others such as commissioners ensure the best possible support for people.