

PuttingYouFirst Ltd

# Your Life Your Way

## 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Your Life Your Way is a domiciliary care service offering support to people within their own homes and also within supported living accommodation. They were supporting 76 people at the time of our inspection.

People's experience of using this service and what we found:

### Right Support:

People were supported by safely recruited regular staff who knew them well. Staff had the necessary skills and knowledge to meet their individual needs.

Risks to people's safety were assessed and monitored and people had personalised risk assessments in place.

Trained and competent staff supported people to manage their medicines. Medicine care plans held sufficient information to support staff to meet people's individual needs. There were medication reviews to help ensure the service operated in line with the best practice principles of STOMP (Stopping over medication of people with a learning disability, autism or both with psychotropic medicines).

People told us they were supported to participate in activities of their choice. People described the many activities they participated in including sports, theatre visits, shows, café outings, shopping, volunteering opportunities and holidays.

People were supported with their communication. Staff understood and supported people with their individual communication styles. Information was made available in accessible formats, such as, easy read and pictorial.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had a choice about their living environment and were able and encouraged to personalise their rooms. Comments from people included, "I really like my flat, I am enjoying living here" and "I feel safe in my

flat. I have bought a Christmas tree and decorations today and am looking forward to decorating my flat for Christmas."

#### Right Care:

People described receiving kind and compassionate care by a consistent staff team. Staff respected people's privacy and dignity.

Staff had access to appropriate personal protective equipment [PPE] and safe infection prevention and control processes were in place.

Staff understood how to protect people from poor care and abuse. They described actions they would take to keep people safe and were confident any concerns raised would be promptly acted upon.

People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. People and their relatives told us they had been involved in the development of their care plans.

People could take part in activities and pursue interests of their choice. The service gave people opportunities to try new activities that enhanced their lives. Comments from people included, "I love going to the café and I meet my friends there" and "I like doing lots of different activities every day."

#### Right Culture:

People and their relatives fully participated in the review of their care plans and the support they received.

Staff demonstrated a passion for wanting to make a positive difference to people's lives.

#### Rating at last inspection

This service was registered with us on 7 October 2020, and this is the first inspection.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 findings 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 findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 3 inspectors and 2 experts 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.

#### Service and service type

This service provides care and support to people living in their own homes and in supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 October 2022 and ended on 8 November 2022. We visited the location's

office/service on 31 October 2022 and 3 November 2022.

#### What we did before inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke to 7 people supported. We spoke with 12 members of staff including the nominated individual, registered manager, area manager, service managers, team leader, senior support workers and support workers. We spent time observing the support and communication between people and staff in shared areas of the houses we visited.

We reviewed a range of records. This included 7 people's care records and medication records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with 10 people supported and 5 relatives by telephone.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had received safeguarding training.
- People and their relatives told us they felt safe with the staff that supported them. Comments included, "Yes, I do believe he is very safe", "I feel safe her" and, "I like and know all the staff and they help me feel safe."
- People told us they would raise any concerns regarding abuse with the registered manager or directors.
- The provider had safeguarding information available to people in a variety of formats, which included pictorial and easy read versions.

Assessing risk, safety monitoring and management

- Detailed individual risk assessments were in place and staff understood how risk had been considered and minimised or mitigated. Regular reviews took place to ensure information remained up to date.
- Staff had been trained and were assessed as competent to use equipment for moving and handling people. Risk assessments were in place in relation to equipment use.
- Staff managed the safety of each person's living environment and equipment. People had Personal Emergency Evacuation Plans (PEEPs) in place that included consideration of specific risks.
- The provider had a business continuity plan that provided clear guidance to be followed should an emergency occur. For example, staff shortages or power black outs.

Staffing and recruitment

- The provider had safe and robust employment checks in place to ensure suitable staff were employed to care for people. Disclosure and Barring Service (DBS) checks were in place. DBS checks provide information and details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- The service had enough staff, which included one-to-one support for people to take part in activities of their choice. Comments from people included, "I think there are enough staff", "I have a regular carer [Support Worker]" and, "There are always staff available when I need them."
- The provider and registered manager assessed staffing requirements to ensure they remained at safe levels. They described the recruitment challenges they were experiencing and provided details of contingency measures which included the directors and managers providing direct support when needed.

Using medicines safely

- People were supported with their medicines by trained and competent staff.

- Clear descriptions of all medicines processes were in place and reflected people's individual needs and choices.
- PRN 'As required' medicines protocols were evidenced. These included sufficient information for staff to follow.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff had ensured people's medicine were regularly reviewed with health practitioners.
- People's comments in relation to their medication included, "I have just one medication and I always have it at the right time", "I'm really satisfied with the support that I get with my medication" and "I always get my medication at the right time."

#### Preventing and controlling infection

- The provider had effective infection, prevention and control measures in place to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely.
- The provider had an infection prevention and control policy in place that was up to date.

#### Learning lessons when things go wrong

- There were systems in place to learn lessons, including when incidents and accidents occurred. This included putting measures in place to reduce the risks of them happening in the future.



# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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

- Detailed assessments of people's needs had been completed. This information included people's physical and mental health needs.
- Support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- People told us they received the care and support they needed. Their comments included, "I have regular staff that support me, and they always follow the care plan" and, "The staff understand me and my needs really, really well."

Staff support: induction, training, skills and experience

- Staff completed a thorough induction prior to commencing work. They undertook shadow shifts with an experienced member of the team before lone working.
- The service checked staff's competency to ensure they understood and applied training and best practice to their role.
- Person specific training was in place to ensure staff had the relevant knowledge and skills to meet people's individual assessed needs. For example, tracheostomy care, the use of oxygen and feeding through a gastrostomy tube.
- People and relatives told us staff had enough knowledge and skills to do their job. Their comments included, "The pair [Staff] who support me have a good range of skills to meet my varying needs.", "I think they have had enough training, yes" and, "It's not just about the training, it's about how they interact and how they get to know [Name], that means more than anything."
- Staff told us they received supervision and felt well supported. Comments from staff included, "I feel really supported" and, "I feel really listened to by my manager and I know there is always a senior manager available if I need them."

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

- People who were assessed as needing support with their eating and drinking, had clear guidance in place for staff to follow. The level of support required was detailed within the care plans.
- People were involved in choosing their food, shopping, and planning their meals. Staff worked with people to support them to do menu planning and prepare shopping lists. One person told us, "I have been to town today to get my food shopping." Another person told us, "I am always encouraged to choose my meals and I can change my mind if I no longer want what I planned."
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other health and social care professionals, and this was documented within people's care plan files. One professional commented, "I have a good relationship with the provider, the care plans are detailed, people supported have regular staff supporting them and are happy."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People and their relatives told us they were able to access healthcare professionals when they needed to. Comments included, "Staff have taken [Name] to the dentist and they always let me know how appointments have gone" and "Carers [Staff] go with me to appointments and they help me understand what is being said."
- People were supported with their health needs. There was detailed information available for staff to understand people's health conditions and the support they required with these.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. People told us they were involved in decisions.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to deprivation of liberty authorisations were being met.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people being supported by staff that demonstrated patience and kindness. They were caring and compassionate in their interactions.
- People and their relatives spoke highly of the staff. Their comments included, "Everybody is kind and caring, very good" and, "The carers [Staff] are absolutely kind. They do so much, the care is second to none."
- People felt valued by staff who showed genuine interest in their well-being. We observed staff taking time to talk with people and engage knowledgeably in their interests.

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

- Staff followed people's chosen routines and preferences. For example, people chose when to get up and go to bed, they chose what to wear and staff respected this.
- People and their relatives were included in care planning and making decisions about their support. Comments included, "I was part of making my care plan", "I do have a copy of my care plan. When we first started, they came and asked me a lot of questions about what I liked" and, "We review the care plan yearly and sit down to discuss [Names] needs."
- People were supported to access independent advocacy when required. The management team and staff supported people to express their views using their preferred method of communication.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were consistently respected. Their comments included, "They [Staff] are always respectful of my privacy" and, "They've [Staff] always treated me with respect since they started coming. My personal needs have increased as time goes by, and they respond appropriately." One relative told us, "They [Staff] treat him as person, his disability is not an issue, they do all sorts and quietly help him if needed."
- Staff spoke about the importance of promoting people's independence. Comments included, "We support people to lead the life they want to live" and "One person I support no longer needs to attend a particular appointment as their health has improved so much with regular support and the development and encouragement of their independence."

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and held detailed information about their care and support needs. This included essential information about mobility, nutrition and hydration, skin integrity, continence support, communication and interests. People's social history and preferences were clearly documented.
- People spoke positively about the support they received. One person told us, "[Staff Name] is amazing and I always get to do what I want. They ask, 'Can I do this' or 'What do you think?' and I really like this." Another person said, "I always have a choice with everything I do."
- Support staff completed daily records that reflected the care and support people received. These were reviewed by the management team.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included detailed information about people's communication needs. Staff engaged with people in a way that demonstrated they understood their individual non-verbal and verbal communication.
- Information was available in a selection of accessible formats to meet people's individual needs which included larger print, easy read or pictorial.
- People told us that staff understood their communication needs and we observed this. One person said, "I like how they [Staff] explain everything to me in layman's terms. It really helps me."
- Staff offered choices specific to each person and used a communication method appropriate to them. We observed staff using different approaches with different people, all were relevant and were reflected in the support plans. For example, staff ensured one person had ample time to process a question and respond before continuing the conversation, another person used facial expression which staff understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to visit their relatives and maintain friendships. Comments from people included, "I go and visit my Mum every week and she comes to visit me" and, "I go and visit my Nan."
- People spoke positively about the activities they were supported to access. Their comments included, "I

enjoy lots of activities including yoga, tai chi, pilates and swimming", "I went to Ireland last year with [Staff name] and I had a great time", "I go and visit my Mum every week and she comes to visit me" and "I am going to play football this afternoon."

- The provider supported and encouraged people to have a fulfilled life, giving people a variety of experiences and opportunities. Some people were supported to participate in volunteering opportunities of their choice and some people had paid employment.

#### Improving care quality in response to complaints or concerns

- People mostly knew how to complain
- The provider had a clear complaint policy and procedure in place. People's concerns and complaints were acknowledged, investigated and responded to in line with the procedure.
- People and their relatives knew how to raise any concerns or complaints. Their comments included, "If I had any complaints, I would ring the office and chat to somebody. They always take me seriously." and, "I can talk about anything. I feel very secure. I know that if I was upset my complaint would be taken very seriously."

#### End of life care and support

- At the time of the inspection, nobody was being cared for at the end of their life. Where appropriate, care plans contained information about people's wishes and feelings in respect of this aspect of their care.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Relatives gave mixed feedback regarding the management of the service. Comments included, "I don't feel like there is continuity in the office", "The care manager role needs looking into as there are too many changes", "I think the service is well managed, I think the communication could be improved a bit more" and "I'm so happy. The company is well managed definitely."
- Records showed that accidents and incidents had been monitored and recorded. Audits were completed to look for trends and help reduce the risk of further incidents. Appropriate action was taken in response to any accidents and incidents, and advice was sought from other health professionals when needed.
- Staff were motivated to deliver consistent person-centred care and support, which resulted in positive outcomes for people. People were supported to lead fulfilled lives. People told us they chose the life they wanted to live.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the required skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The provider and registered manager demonstrated an understanding of their responsibilities under duty of candour.
- The service operated an open and transparent approach and apologised to people, and those important to them, when things went wrong. Records confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems to monitor the quality of care being delivered were in place. Audits and other checks completed by the registered manager, provider and senior care staff identified some areas for development and improvement.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.
- The management and staff team fully understood the requirements of their roles. They had access to a range of policies and procedures in relation to their work. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- The management team ensured staff meetings included opportunities for staff to reflect and learn from

practice. Staff told us the provider had arranged webinars as an alternative to face to face meetings which had been popular.

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

- The provider sought feedback from people and their relatives and used the feedback to develop the service. People and their relatives participated in regular reviews of their support. One relative told us, "We review the care plan yearly and sit down and discuss [Names] needs."
- The service worked in partnership with health and social care organisations. We received positive feedback that included, "I have a very positive working relationship with [Name of Registered Manager] and we are in regular contact." and "People that I review have longstanding regular staff which works really well."
- Staff felt well respected, supported and valued by the management team which supported a positive culture. One staff member told us, "I feel really listened to by my manager.", another told us, "I have been really supported during periods of personal problems." and, "I have been encouraged and supported to progress in my career at Your life your way."
- Staff described how they supported each other. They also described the positive relationships they had developed with the people they supported.