

Yourlife Management Services Limited

YourLife (Sidcup)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service

YourLife (Sidcup) is a domiciliary care agency providing personal care to older people in their own homes within an assisted living development. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service supported eight people with their personal care.

People's experience of using this service

Risks were not always assessed, identified or updated and risk management plans were not always in place to manage risks safely. The provider had failed to report potential safeguarding concerns to both safeguarding authorities and CQC.

People said they felt safe. Medicines were safely managed. People were protected against the risk of infection. Sufficient numbers of suitably skilled staff were deployed to meet people's needs. Accidents and incidents were recorded, and learning was disseminated to staff. Appropriate recruitment checks were carried out before staff joined the service. Staff were supported through regular training and supervisions. Assessments were carried out prior to people joining the service. Staff had the appropriate skills, knowledge and experience to support people appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat a well-balanced diet if required. People had access to healthcare professionals when required to maintain good health.

Staff maintained people's privacy and dignity and their independence was promoted. People and their relatives where appropriate, had been consulted about their care and support needs. People's end of life care wishes were recorded in their care files. There was an effective complaints system to manage people concerns in a timely manner. The provider worked in partnership with other healthcare agencies.

Rating at last inspection and update

The last rating for this service was requires Improvement (published 10 December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Recommendations

We have made a recommendation that the provider seek, familiarise and implement national guidance in relation to reporting safeguarding concerns.

Follow up:

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

YourLife (Sidcup)

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses or flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection site visit took place on 15 July 2022 and was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with one person and two relatives about the service. We also spoke with two members of care staff and the registered manager. We reviewed records, including the care records of six people using the service, and the recruitment files and training records for five staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

After the Inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people were not always safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Staffing and recruitment; Learning lessons when things go wrong.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management.

- Risks to people were not always identified. Risk assessments were not always carried out for medicines, falls and moving and handling.
- One person used mobility aids to mobilise, however, their moving and handling risk assessment did not identify the potential risks of using these mobility aids and there was no guidance in place for staff on how to safely mobilise the person and how to minimise potential risks.
- Some people were at risk of falls; there were no falls risk assessments in place or guidance for staff on how to minimise these risks.
- Following the inspection, the registered manager had sent us updated risk assessments for falls and there was appropriate guidance in place for staff. The registered manager told that they would also be updating moving and handling risk assessments. We will check this at our next inspection.

Using medicines safely

- Medicines were safely managed. Risk assessments did not identify what staff should do if people refused their medicines, there was no guidance in place for staff on what they should do if this happened.
- Medicine administration records were legible and completed in full.
- Staff had completed medicines training and had undergone competency checks to ensure they had the knowledge and skills to support people safely.
- Medicine audits were carried out weekly and monthly to identify any shortfalls and to help drive improvements.
- During the inspection, the registered manager told that they would also be updating medicine risk assessments. We will check this at our next inspection.

Staffing and recruitment

- There were staff to meet people's needs. Appropriate recruitment checks had been carried out for staff before they started work. Staff recruitment records included completed application forms, references, confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was enough staff deployed to support people's needs. The registered manager showed us rotas that confirmed staffing hours.
- The registered manager told us there had been no missed or late calls and if there were in the future, they would be able to deal with this as they are based on site. This was confirmed by people we spoke to.
- People and staff told us that there was enough time and they were always punctual. One person said, "There are enough staff". One relative told us, "I do think there are enough staff". One staff member told us, "There are enough staff, I never feel rushed".

Learning lessons when things go wrong

- The service had processes in place for reporting, recording and reviewing the details of any accidents or incidents which occurred.
- We saw that accidents and incidents were recorded and followed up and learning was disseminated to staff via the communications book that was completed daily, and at staff handovers.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had a safeguarding policy in place; however, the registered manager had failed to follow their policy.
- Since the last inspection we saw that there had been two potential safeguarding concerns in relation to medicines not being administered as prescribed. The provider had failed to notify the local safeguarding authorities and CQC about these incidents.
- The registered manager told us that they did not notify safeguarding authorities or CQC as no adverse effects had been suffered by people. However, safeguarding authorities and CQC should be notified about serious medicines errors to ensure that these do not constitute neglect of people using the service.
- Following the inspection, the provider notified both the safeguarding team and CQC of the medicine errors.

We recommend the provider seek, familiarise and implement national guidance in relation to reporting safeguarding concerns.

- People told us that they felt safe. One person said, "I feel safe here".

Preventing and controlling infection

- People were protected from the spread of infection. There were systems in place to manage and prevent infection including policies and procedures which provided staff with guidance on how to minimise or prevent the spread of infections.
- Records showed that staff had completed infection control training and followed safe infection control practices by wearing aprons and gloves when supporting people. One person said, "They [staff] always wear masks and gloves". A relative told us, "They [staff] do wear gloves, masks and aprons." One staff member told us, "I always wear protective clothing like gloves, aprons and shoe covers when supporting people".

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.

At the last inspection this key question was rated Good. At this inspection this key question remains the same. This meant that 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

- People's needs were assessed prior to them joining the service, to ensure the service could meet people's care and support needs.

- We saw these assessments were used to produce individual care plans so that staff had the appropriate information and guidance to meet people's needs effectively.

Staff support: induction, training, skills and experience

- Staff had the relevant skills and knowledge to support people with their individual needs. Staff completed training considered mandatory by the provider which included medicines, equality and diversity, fire safety, dementia and mental capacity and deprivation of liberty safeguards. One staff member told us, "Yes, my training is all up to date, and I do refresher training when needed".

- Staff members new to the caring profession, completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- People and relatives we spoke with told us that they felt staff were well trained. One person said, "I do think that they are well trained and very sharp". One relative told us, "Yes, staff are trained very well".

- Records showed that staff were supported through regular supervisions and appraisals. One staff member told us, "I have supervisions, I can discuss anything I am worried about and my performance".

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 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.

- The registered manager told us people they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives to ensure appropriate capacity assessments were undertaken and appropriate decisions made in their best interests' in line with the Mental Capacity Act 2005.
- Records showed that staff had received training on MCA. Staff told us they sought consent from people when supporting them and they respected people's decisions. One person said, "They [staff] always explain what they are going to do and ask for my agreement."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough. The support they required from staff was recorded in their care files.
- Most people used the on-site restaurant, however, where required staff supported people by heating up microwave meals.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of healthcare services and professionals which included GPs, chiropodists and opticians should they need it.
- The registered manager told us that people, or their families arranged their health appointments, but if required they would support people to do this. One staff member told us, "The family normally arranges health appointments but if they need help, then we can arrange this".

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.

At the last inspection this key question was rated Good. At this inspection this key question remains the same. 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

- People were supported by staff that were kind, caring and treated them with dignity and respect. Care records included people's personal information relating to their next of kin, GP details, health care needs, gender and religion.
- The registered manager told us that they were not supporting anyone who required support with diverse needs. Staff we spoke with had a clear understanding of equality and diversity and how they would support people from different backgrounds should the need arise.
- Records showed that staff had completed equality and diversity training.
- People told us that staff treated them with dignity and respect and were kind, caring. One person said, "Staff are very caring and kind". A relative told us, "My [relative] is very happy with them – they are really kind and caring".

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

- People were involved in making decisions about their daily support. For example, this included what they would like to wear and what they would like to eat and drink.
- People were given information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people should expect of the services provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected their privacy and dignity by knocking on doors and waiting for permission before entering. One person said, "They [staff] do maintain my privacy". One relative told us, "Yes, they do protect my [relative's] privacy and dignity, I am very pleased". One staff member told us, "I cover people with a towel, and close doors".
- People were supported to be as independent as possible. One staff member said, "I encourage them to wash their face and brush their teeth."
- People's information was kept confidential by being stored in locked cabinets and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has changed to Good. This meant people's needs were met.

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

- People were involved in the planning of their care. At the last inspection, people's care plans had not been updated when there was a change in people's needs.
- At this inspection we saw people's care plans had been updated when there was a change in their needs and care plans were regularly reviewed.
- Care files included individual care plans addressing a range of needs such as medicines, nutrition, mobility and moving and handling.
- People told us they were involved in planning their care needs. One person said, "They [staff] are always talk to me and tell me what's going on. They are first class". One relative said, "Yes, I am involved in my relative's care planning."

End of life care and support

- People were supported to make decisions about their preferences for end of life care and these decisions were retained in their care records.
- The registered manager told us that they were not supporting anyone who required end of life care, however, if people required this support then they would work with people, relatives, and healthcare professionals to ensure people's end of life wishes were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records documented people's communication needs and how staff should communicate with them. The registered manager told us there was no-one who had any additional accessibility needs, but if required information would be provided in a format that met people's needs, this included pictorial or large font.

Improving care quality in response to complaints or concerns

- The provider had an effective system in place to handle complaints effectively. There had been no complaints since our last inspection.
- People told us they knew how to make a complaint if they needed to. One person said, "I would go straight to management, they are very good". One relative said, "I would speak to managers and I am sure they

would deal with any issues".

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.

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

At our last inspection the provider had failed to ensure there were effective systems in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider was not fully aware of their responsibilities under current health and social care legislation. Although they had identified potential allegations of abuse, they had failed to notify safeguarding authorities and CQC about these.
- Records showed regular audits were carried out by management to identify any shortfalls in the quality of care provided to people. Any shortfalls identified were followed up.
- Staff had regular communication with the registered manager, through daily contact, handover meetings, updates in the communications book and staff meetings. These meetings were used to discuss issues such as, changes in people's needs, learning from incidents and accidents and organisational updates.

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

- People and staff, we spoke with were positive about the culture and the support they received. One person said, "The manager is very good, and I have no complaints about the staff". One relative told us, "The manager is very approachable, staff are good, I cannot fault them".
- The registered manager had an open-door policy that encouraged people and staff to come and discuss any concerns they may have.
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour.
- Staff also told us they worked in a positive environment, focused on providing high quality support and meet people's needs. One staff member said, "We have a very good team." Another staff member told us, "I

think RM is very good and I like her. We work closely together as a team".

Engaging and involving people using the service, the public and staff

- The registered manager had regular contact with people and relatives, to help ensure they were happy with the support they received and to identify if any improvements could be made.
- Staff attended regular team meetings. Minutes of the last meetings showed areas discussed included, events, menus, medicines and fire procedures. One staff member told us, "We have regular staff meetings where we can discuss any problems and people's care".

Working in partnership with others

- The provider worked closely with the housing provider to ensure people received a high-quality service to meet their needs safely and effectively. This included reporting any environmental issues that needed addressing.