

Yourlife Management Services Limited

YourLife (Harrow)

Inspection report

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Date of inspection visit:
20 February 2019

Date of publication:
11 March 2019

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

About the service: Your Life (Harrow) is a domiciliary care agency, which provides personal care to people living at Randolph House. Randolph House is an assisted living service managed by McCarthy & Stone a national shared ownership provider. Only one of Randolph House was fully occupied during our inspection. Currently two people received the regulated activity of personal care, the registered manager advised us that this would increase once the property was fully occupied.

People's experience of using this service:

People told us they felt they received care in a safe way. Individual risks to people and the environment had been identified and assessed and measures put in place to manage them and minimise the risk of avoidable harm occurring. Care workers showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely by trained staff who ensured that people received medicines at the right time. Sufficient numbers of suitably qualified and skilled care workers were deployed to meet people's individual needs.

Care workers had received a range of training and support to enable them to carry out their role safely. People told us they received the right care and support from care workers who were well trained and competent at what they did.

Care workers were motivated to deliver care in a person-centred way based on people's preferences and likes. Care workers treated people with kindness, compassion and respect and ensured that people's dignity was maintained always. People spoke positively about the care and support they received.

People told us they received support from a consistent care team who knew them well. They told us care workers always arrived on time and stayed the right amount of time.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. Records relating to consent for care were accurately completed and people told us they were always offered choice and control over the care they received. Care was delivered in a personalised way which was in line with information recorded in people's care plans. People knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted person centred care and a positive culture within the staff team. An effective quality assurance system ensured that shortfalls in relation to the care provided could be addressed immediately and improvements in care made to the quality of care provided to people. People and care workers described the registered manager as supportive and approachable. The registered manager showed a continued desire to improve on the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed. Rating at last inspection: This was the first inspection since Your Life (Harrow) has been registered with the

Care Quality Commission (CQC) in September 2017.

Why we inspected: This was a planned comprehensive inspection

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information was 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 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.

YourLife (Harrow)

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.

Inspection team:

The inspection was carried out by one adult social care (ASC) inspector.

Service and service type:

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

The service had a manager 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed information we had received about the service since registering with the CQC. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and other professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection we spoke with two people who used the service to ask about their experience of the care provided. We spoke with three members of staff, including the registered manager.

We reviewed a range of records. This included two people's care records and medicine records. We also looked at three staff files around staff recruitment. We also looked at records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

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.

Systems and processes to safeguard people from the risk of abuse

- ☐ The service had an effective system to safeguard people who used the service from harm and abuse. Care workers we spoke with demonstrated a clear understanding of what process to take to make sure people who used the service were protected from harm and abuse. One care worker told us, "I would report abuse to the manager or anybody else senior on duty."
- ☐ People who used the service told us that they felt safe with their care workers and told us they would report any concerns to the registered manager. One person told us, "Yes, they [staff] are always concerned that I don't have an accident, they are very attentive."

Assessing risk, safety monitoring and management

- ☐ Risk assessments were completed, and measures put in place to minimise the risk of harm to people and others. People told us, "We discussed risk initially and the manager looked at areas in my flat where I could trip."
- ☐ Care workers understood risks people faced and they managed them in a way that respected people's freedom.
- ☐ Personal records were well maintained, kept secure and available only to relevant care workers.
- ☐ The service had staff available 24-hours and people said, that they felt safe and secure.
- ☐ Care workers who entered people's homes had an identification (ID) badge and people confirmed that staff always made their ID badge visible on entering their flat.

Staffing and recruitment

- ☐ Safe recruitment procedures were followed. Applicants suitability to work with vulnerable people were checked through a series of pre-employment checks before they were offered a job.
- ☐ People's needs were safely met by the right amount of suitably skilled and experienced staff.
- ☐ People told us the right amount of staff attended their homes. They said staff were mostly punctual and always stayed with them for the full duration of their contracted call. One person told us, "Initially it was a problem and they didn't have enough staff, but they sorted this out and this is no longer an issue."

Using medicines safely

- ☐ The management of medication was safe. Care workers with responsibilities for managing medication were properly trained and assessed as competent to carry out the task.

- ☐ Care workers had access to safe medication procedures and good practice guidance to help support their practice.
- ☐ People told us that they received medicines support at the time agreed in their care plan.
- ☐ Records in relation to the medicines support provided were of a good standard and provided detailed information of the process required by the person using the service.

Preventing and controlling infection

- ☐ Care workers had completed training in the prevention and control of infection and they had access to current national guidance to help support their practice.
- ☐ Care workers told us that they could always access a good stock of personal protective equipment (PPE).
- ☐ People who used the service told us that care workers followed good practice to minimise the spread of infection. One person said, "They [staff] always use gloves and change them between tasks, they also clean up any mess after."

Learning lessons when things go wrong

- ☐ There was a system in place for recording any accidents and incidents which occurred at the service and for learning lessons to help prevent the risk of these issues reoccurring.

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

- ☐ People's needs and choices were assessed in line with legislation and best practice guidance.
- ☐ Assessments of people's needs were completed to ensure they could be met effectively.
- ☐ People who used the service told us that they had been involved in this process. One person told us, "[Managers name] came around to talk to me about what I want, she came more than once."
- ☐ People told us the assessments reflected their wishes and the support they required.

Staff support: induction, training, skills and experience

- ☐ Care workers had the right skills and knowledge to support people and meet their needs.
- ☐ Training provided was relevant to people's needs. The training was provided on an ongoing basis and included online as well as classroom-based training sessions.
- ☐ Care workers told us, "The training is easy to access, and I found it very useful."
- ☐ Care workers new to the field of Health and Social Care undertook an induction which was based on the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- ☐ Staff received an appropriate level of support for their job role through regular one to one and group meetings.

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

- ☐ Currently none of the people who used the service required any support to eat and drink. However, care records viewed reflected that this had been assessed and plans had been put into place if people required such support in the future.

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

- ☐ People who used the service told us that they or their relative would deal with any health care needs and would arrange and support them to attend such appointments.
- ☐ Care workers said, "If a person become unwell while I am there I would seek advice from a senior on duty or call 101 or 999."

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, whether any restrictions on people's liberty had been authorised and whether any applications by the Court of Protection to restrict a person's liberty had been granted.
- At the time of the inspection no person using the service had any restrictions placed on their liberty.
- Staff had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised. Staff also knew the importance of gaining a person's consent before providing any care and support. They told us they would seek advice if they had any concerns about people's ability to understand 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

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 told us they were well treated and supported. One person told us, "The carers are excellent. They do treat and care for me very well."
- ☐ People told us care workers had a good understanding of their needs, wishes, preferences, likes and dislikes. One person said, "For the last few months, I have the same carers. We know each other well and a lot goes without saying."
- ☐ Care workers were provided with training in equality and diversity and they understood the importance of treating people as equals and meeting their individual needs. One care worker said, "I will treat everyone the same, no matter where they come from or what they believe. This is how I would like to be treated."

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

- ☐ People who used the service said that they had no issues and felt confident to express their views. One person said, "I always say it as it is. I am not worried about expressing what I want."
- ☐ Care records were reviewed monthly and people who used the service were sent questionnaires as a way of obtaining their views. One comment in such a questionnaire was, "I am happy with the care, but not too many questionnaires."

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us care workers were respectful of their privacy, dignity and independence. One person told us, "The staff are very good, they respect what I tell them to do, will always knock or ring the door bell and close the door when they help me with my shower. I can't fault them."
- ☐ Care plans clearly set out people's level of independence and how care workers were to support this.
- ☐ People told us care workers respected their wishes, valued their opinions and were considerate. One person told us, "They [staff] always check with me if I am ok and wait until I have taken my tablets."
- ☐ A privacy statement signed by people who used the service was in place for each person describing why and how the service collects and uses personal data and provides information about individuals' rights.
- ☐ Personal records about people were stored securely in the office and only accessed by staff on a need to know basis. Care workers understood their responsibilities for keeping personal information about people confidential.

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 needs were identified during assessment. Care plans reflected these needs as well as their protected equality characteristics, likes and dislikes.
- ☐ All people had a written care plan in their home. Staff told us that they understood the care plans and that they would use them to get a better understanding of the people they were looking after.
- ☐ Care plans had clear instructions for care workers. This ensured that people's needs were met, and their choice was considered.
- ☐ People who used the service told us that they were involved in the care planning and review process and said that the care plans reflected their wishes. One person said, "I told them what I want, and they wrote it down."
- ☐ Reasonable adjustments were made where appropriate. The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Information was provided to people in a format they could access and easily understand.

Improving care quality in response to complaints or concerns

- ☐ The service had not received any complaints since registering with the CQC.
- ☐ People who used the service told us that they felt confident in raising concerns with the registered manager.
- ☐ One care worker said, "Complaints are a positive thing, it helps us to get better and improve in what we are doing."

End of life care and support

- ☐ No person using the service at the time of the inspection was receiving end of life care. However, we saw in all care plans that an advanced care plan had been developed together with people and their wishes in the event of serious illness or death had been discussed with them.
- ☐ Care workers demonstrated awareness of good practice and guidance in end of life care and were compassionate in their explanations about how they would support people during this stage of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- ☐ The registered manager was committed to provide person-centred, high-quality care by engaging with everyone using the service, their relatives, staff and other stakeholders.
- ☐ People described a person-centred service. They were complimentary about the standard of care and support provided and how personalised it was. One person said, "The care is fantastic, they follow the care plan. I am very happy and have improved a lot."

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

- ☐ The roles and responsibilities of managers and staff were clearly set out.
- ☐ Staff performance, learning and development was monitored through observations and regular discussions with the registered manager. Care workers told us that the registered manager was encouraging and supported staff development.
- ☐ The registered manager and care workers understood their responsibilities and ensured risks were quickly identified and resolved.
- ☐ Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.
- ☐ The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ There were effective and robust processes in place to obtain the views and opinions of people, family members and staff about the service.
- ☐ Care plans were reviewed regularly with people and relevant others to ensure their care plans continued to accurately reflect their needs and how they were to be met.
- ☐ People and care workers told us they felt engaged and involved in the service. They told us the registered manager actively encouraged their views and opinions and responded to them. One care worker said, "We have regular meetings and can say what we want to ensure the service to the people we support runs smoothly."

Continuous learning and improving care

- ☐ There were effective systems in place to check on the quality and safety of the service.
- ☐ Any required improvements were identified through checks and through consultation with people who used the service and care workers, and family members. Areas for improvements were actioned to help improve the safety and quality of the service people received.
- ☐ Systems were in place to learn from accidents, incidents, concerns and complaints.
- ☐ The registered manager ensured that staff kept up to date with current good practices and changes to the law to update their knowledge and learning.

Working in partnership with others

- ☐ The service worked closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals and commissioners so that people received holistic care and support to meet their needs.