

R Cadman

Your Life Your Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Your Life Your Home is a domiciliary care agency. It provides personal care to people with a learning disability living in their own flats. People's care and housing are provided under separate contractual agreements. At the time of the inspection 17 people were being supported. Not everyone who used the service received personal care. The Care Quality Commission (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.

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

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.

Right Support:

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.

Staff provided effective support to identify people's aspirations and goals and assisted people to plan how these would be met. Staff focused on people's strengths and promoted what they could do. Staff enabled people to access health and social care support in the community.

People were protected from the risks of abuse, harm and discrimination. Staff were able to identify signs of abuse and knew how to report any concerns. People were supported to have their medicines as prescribed and were supported to be as independent as possible with their medicines.

Right Care:

Staff promoted equality and diversity in their support for people. People could communicate with staff as staff understood their individual communication. Staff received training, such as British Sign Language, to aid communication.

Staff provided care to people which was person-centred and promoted people's dignity, privacy and human rights. People's care plans were written with them and available in easy-to-read formats. People's individual choices were recognised and respected. People were supported to keep in touch with people who were important to them.

People were supported by enough staff, who had been recruited safely. People were involved in the recruitment process.

Right Culture:

The service enabled people and those important to them to work with staff to develop the service. Feedback was requested from people, relatives or health care professionals.

Staff ensured the quality and safety of the service had been assessed to ensure people were safe. Staff knew and understood people well. The registered manager worked hard to develop strong leadership. Quality monitoring systems had been developed and embedded. Morale within the staff team was high and staff felt valued.

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

Rating at last inspection and update

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

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Your Life Your Home on our website at www.cqc.org.uk.

Follow up

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Your Life Your Home

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 an inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats. This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (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 CQC 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 with 3 people and 3 relatives about their experience of the care provided. We spoke with 4 staff. We spoke with the provider and registered manager. We reviewed a range of records. This included 3 people's care plans and associated risk assessments and multiple medicines records. We reviewed 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including environmental checks and audits, were reviewed.

Is the service safe?

Our findings

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

At the inspection on 10 August 2021 this key question was rated as Requires Improvement. At the last inspection on 3 November 2021 this key question was not rated because we only looked at part of it. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to assess environmental risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation.

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. People's home environments were risk assessed in line with any health conditions which may impact on their safety.
- People had a personal emergency evacuation plan, in an easy-to-read format, which supported them to understand what to do should there be a fire in their accommodation. Each person had a 'communication passport' which gave health care professionals a guide to the things that were important to them.
- People had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. For example, people were supported to find voluntary work placements and were supported to follow their goals.
- The service helped keep people safe through formal and informal sharing of information about risks. Risk assessments provided staff with information about measures needed to help keep people safe. When these were based around a person's health conditions, there was information about what signs and symptoms may indicate a deterioration in health.

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. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff understood they could take concerns outside the service, such as to the local authority safeguarding team, should it be needed. A member of staff said, "People are supported to stay safe. We have risk assessments to look at how to help people be safe. If I have any concerns I talk to [the registered manager]."

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.

- At the time of the inspection, there was nobody with a Court of Protection order in place.
- Staff understood, when a person was not able to make complex decisions themselves, that discussions were needed with relevant people, such as relatives and health care professionals, to ensure decisions were made in people's best interests.
- People had easy to read care plans, written with them, which included consent to care.

Staffing and recruitment

- People were supported by staff who had been safely recruited. References were obtained to ensure staff were of good character and safe to work with people. People were involved in the recruitment process and met potential new staff.
- Criminal record checks with the Disclosure and Barring Service (DBS) were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- People were supported by a regular staff team who knew people well. The registered manager monitored staff hours to ensure people received the support they were commissioned to provide. A member of staff said, "We have a really consistent team of carers." A relative commented, "I feel having a dedicated staff team makes a huge difference to [my loved one]."
- People told us there were always staff available when they needed them.

Using medicines safely

- People received support from staff to make their own decisions about medicines wherever possible. People were empowered to administer their own medicine when they were able. Staff followed effective processes to assess risks of people taking medicines themselves.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. People's medicines were stored safely in their homes. Staff checked the medicines were stored at the correct temperature. One person told us, "Staff check the temperature of my medicine cabinet. It is important my medicines are at the right temperature, otherwise they will not work properly." The person showed us where staff recorded this information.
- Some people had 'when required' medicine, such as pain relief. Staff recorded why the medicine had been administered and noted whether it had been effective or not. This was monitored by the registered manager to ensure people were receiving this medicine safely.
- The registered manager completed regular medicines audits and staff competency was monitored. Staff understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

Preventing and controlling infection

- People were protected from risks relating to infection control. Staff had access to personal proactive equipment, such as gloves and aprons, when it was needed. The service was monitoring Government guidance to ensure staff followed guidelines.
- The service used effective infection prevention and control (IPC) measures to keep people safe, and staff supported people to follow them. Staff completed IPC and food hygiene training and supported people to prepare meals and store food safely.

- People told us they were supported to keep their homes clean and tidy. One person said, "I do my own washing. Sometimes I forget to put the machine on, and staff remind me. They help me to clean my flat." Staff told us they encouraged and empowered people to keep their homes clean.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. When concerns were raised, these were discussed in staff meetings to ensure lessons could be learnt and to discuss how things could be done differently when needed.
- Staff were confident to raise concerns and recorded accidents and incidents. The registered manager had oversight of these to identify any patterns or trends and take any necessary action. For example, a person had had several slips and falls, and the registered manager had referred them to the relevant health care professionals for review.

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.

At the inspection on 10 August 2021 this key question was rated as Requires Improvement. At the last inspection on 3 November 2021 this key question was not rated because we only looked at part of it. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation.

- Risks around people's home environments had been assessed. Checks were completed to make sure people's homes were safe and any maintenance issues were recorded so action could be taken to by the housing provider to remedy them.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Weekly and monthly checks were completed to check on things such as, health and safety, medicines management and staff training and supervision. When shortfalls were identified, action was taken to address them.
- The registered manager and staff knew people well. Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. For example, when a person used British Sign Language (BSL) to communicate, their keyworker and other staff had been trained to use BSL. Staff also taught other people basic BSL signs to help support communication.
- The registered manager promoted equality and diversity in all aspects of the running of the service. People were supported to achieve goals which enhanced their lives. For example, a person wanted to travel abroad. They told us they were very pleased that staff had helped them with the passport application process. They were looking forward to choosing where they were going to go.
- Staff spoke positively about empowering people. One member of staff told us, "On of the best things

about my job is seeing people accomplish things. When they have a goal, and we can support them to reach it by exploring different things."

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 service apologised to people, and those important to them, when things went wrong.
- The registered manager understood their responsibilities to be open and transparent in accordance with duty of candour guidelines. Notifications of reportable incidents were submitted to the Care Quality Commission in line with guidance.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Surveys were used to gain feedback from people, relatives, staff and health care professionals. When responses were received, these were reviewed by the registered manager to identify any areas for development.
- People were supported to attend tenants' meetings to discuss the service they received. A member of staff said, "We involve people in making decisions about the things they want to do and the goals they want to achieve."
- People's relatives told us they felt involved in with the support of their loved ones. A relative commented, "I think [the registered manager] runs the place well. They are always available if I want to check anything."

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service. The registered manager participated in forums and attended care conferences to help keep up to date. They kept up to date with changes in Government guidance.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager had improved checks and audits as a result of previous CQC inspections and shared this learning with the staff team.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. Relatives told us the registered manager and staff supported their loved one's to see health care professionals when needed and they were provided with updates. A relative commented, "I am very involved. If [my loved one] is poorly, staff let me know. I always feel very involved."
- People's health care professionals, such as speech and language therapists and dentists, were contacted for advice when needed. When a person needed comprehensive dental treatment, which was causing them anxiety, staff worked with the person's dentist and nurses to provide the person with reassurance.