

## Yourlife Management Services Limited

# YourLife (Sidcup)

### Inspection report

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Sidcup  
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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?

**Requires Improvement** 

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 five people with their personal care.

### People's experience of using this service

Accidents and incidents were not always appropriately managed, and learning was not disseminated to staff. Recruitment checks were not always robust as the provider had not carried out checks of staff members previous work history and experience. Risk assessments and care plans were not always updated following a change in people's care or support needs. People's end of life care wishes were not recorded in their care files. The provider did not have effective processes in place to monitor the quality of the service as they had not identified the issues we found at this inspection.

People said they felt safe and that their needs were met. There were appropriate safeguarding systems in place to protect people from the risk of abuse. 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. Staff were supported through regular training and supervisions. 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 healthy and well-balanced diet if required. People had access to healthcare services when required to maintain good health and their independence was promoted.

People and their relatives where appropriate, had been consulted but their care and support needs. There was an effective complaints system to manage people concerns in a timely manner. The provider worked in partnership with the local authority to ensure people's individual needs were planned.

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 24 October 2018).

### Why we inspected

This was a planned inspection based on the previous rating

### Enforcement

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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](http://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 caring 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 not always responsive.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe 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 with an expert 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 is a domiciliary care agency. It provides personal care to people living in their own houses or flats.

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

This inspection site visit took place on 16 October 2019 and was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or 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. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection. The provider was 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 four people and one relative about the service. We also spoke with one member of care staff and the registered manager. We reviewed records, including the care records of five people using the service, and the recruitment files and training records for three 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.

# 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 safe and were at risk of avoidable harm.

Learning lessons when things go wrong;

At our last inspection the provider had failed to ensure accidents and incidents were appropriately managed and that risks to people were safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- Accidents and incidents were not always recorded and followed up and learning was not disseminated to staff. For example, one person had two episodes of fainting in October 2019 and was admitted to hospital on both occasions. We saw that only one of these incidents was briefly recorded on both an accident and incident form and on the provider's electronic system, but there were no follow up actions recorded or taken. For the second incident we saw that an accident and incident form had not been completed and it was also not logged on the electronic system.
- This meant that the provider was not managing accidents and incidents safely and staff were not always aware of the change in the person's needs as learning from this had also not been disseminated to staff.
- Risks to people were not always identified. For example, risk assessments were carried out for moving and handling, medicines, environment, falls and fire safety. These identified the potential risks to each person and detailed the measures in place to manage and minimise these risks.
- However, one person who had recently suffered two separate episodes of fainting did not have their risk assessments and care plan updated to reflect any change in their care needs. There were also no risk management plans in place that guided staff on how to safely mobilise the person and how to minimise potential risks.

The provider had failed to ensure that risks to people were assessed, and action taken to mitigate those risks, or to learn lessons from the incidents which occurred at the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Robust recruitment checks did not always take place before staff started work.
- We saw that three out of four staff files contained application forms. However, employment histories were not always completed in full. The provider had not established reasons for gaps in employment and reasons for leaving employment had not always been explored and recorded within the staff files.
- Qualifications were not always listed, so the provider could not be assured that staff had the correct skills required to carry out their roles competently.

Recruitment procedures had not been carried out to ensure that staff were of good character or have the skills and experience necessary to provide care. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each file did contain evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.
- There were sufficient numbers of staff deployed to meet people's needs, staff rotas confirmed this. People told us that staff attended calls on time. One relative said, "There's enough staff and my [relative's] needs are always met."

When staff knew they were going to be late they were expected to either call people directly or call the office and office staff would inform the person they were due to support.

- The provider told us there had been no missed calls and if there were in the future they would be able to deal with this as they are based on site.

#### Using medicines safely

- Medicines were managed safely. Medicine Administration Records were completed in full.
- Staff had completed medicines training and competency checks to ensure they had the knowledge and skills to support people safely.
- Medicine audits carried out weekly, we saw that no shortfalls were identified in August, September and October 2019.

#### 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.
- Staff completed infection control training and followed safe infection control practices by wearing aprons and gloves when supporting people. One staff member said, "I wear gloves and aprons and also make sure my hair is tied back."

#### Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One relative said, "My [relative] is very safe and very happy."

There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow for reporting any allegations.



# 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

- The registered manager told us people's needs were assessed prior to them joining the service so they could ensure they would be able to meet people's care and support needs.

- 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 skills and knowledge to support people with their individual needs. For example, one person used specialist equipment to mobilise, we saw there was detailed guidance for staff on how to use the equipment. One person said, "Staff seem very well trained, they are very competent."
- Training records confirmed that staff had completed training considered mandatory by the provider which included medicines, dementia, equality and diversity, fire safety, moving and handling, food hygiene, first aid and mental capacity and deprivation of liberty safeguards.
- Records confirmed that staff were supported through regular supervisions in line with the provider's policy. One staff member told us, "I do have supervisions, it's a time to get feedback about my work and discuss any problems." One relative said, "I feel staff know what they are doing."

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. As well any relevant health care professionals to ensure appropriate capacity assessments were undertaken appropriate decisions made in their best interests' in

line with the Mental Capacity Act 2005.

- Staff had received training on MCA. They told us they sought consent from people when supporting them and they respected people's decisions. One person said, "Staff always ask for consent."

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 with eating and drinking was recorded in their care files.

- Staff supported people by heating up microwave meals and preparing drinks and sandwiches. One staff member said, "Most people eat in the on-site restaurant but if required I help people with heating up microwave meals and making beverages"

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. One staff member said, "Either people themselves or their families make health appointments. That is not to say that we would not assist them if this if they required this help."

# 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. One person said, "I just like living here, the staff make it so easy." One relative said, "Staff are very caring."
- Care records included people's personal information relating to their disability, religion and sexual orientation.
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.
- At the time of the inspection there was no-one using the service who required support with a diverse need, however, staff showed an understanding of equality and diversity and how they would support people from different backgrounds should the need arise.

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, they chose what they wanted to wear and the time they got up. One person said, "I decide when I get up." One staff member said, "For one person, I go to their wardrobe every morning and show them a choice of clothes, they then pick what they want to wear."
- 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 and of the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy and dignity by knocking on doors and waiting for permission before entering. One staff member said, "I close doors and cover people."
- People were supported to be as independent as possible. For example, people were encouraged to wash and dry their hands and faces.
- People's information was kept confidential by being stored in locked cabinets in the office 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 Good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- Peoples care plans were regularly reviewed, however we found that one care plan had not updated when there was a change in the person's needs. For example, one person had been admitted to hospital twice, they did not have their care plan updated to include any guidance for staff on the action to take should this happen again.
- People had a personal profile in place, which included important information about the person such as date of birth, gender, ethnicity, religion, medical conditions, next of kin and family details and contact information for healthcare specialists.
- Care files included individual care plans addressing a range of needs such as medicines, environment, mobility and moving and handling.
- Following the inspection the registered manager sent us an updated care plan for the person who had been admitted to hospital. This included guidance for staff on what to do should this happen again.

End of life care and support

- People's care plans did not have people's end of life wishes and preferences documented. However, no one at the service currently received end of life care. The registered manager told us, that going forward they would ensure people's end of life wishes were documented and where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met. We will check this at our next inspection.

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 plans contained information which showed how they communicated and how staff should communicate with them. The registered manager told us there was no-one who needed information in another format. However, if required information would be provided in a format that met people's needs, this included large font or pictorial.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. The provider had an effective system in place to

handle complaints effectively, the service had not received any complaints since it registered.

- Staff understood the complaints procedure and told us how they would support people to make a complaint. One person said, "I have never thought of making a complaint, there is nothing to complain about." One relative said, "I have never had to make a complaint."

# 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 last inspection this key question was rated Requires Improvement. At this inspection this key question remains the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The governance of the service was not effective or robust and this was evidenced by the nature of the breaches of the regulations we identified at this inspection.
- Staff file audits did not identify that application forms were not completed in full regarding employment and qualification histories. This meant that the provider could not be assured they were employing suitably skilled staff.
- Records showed regular audits were carried out by management to identify any shortfalls in the quality of care provided to people. However, these were not effective as they did not identify the issues we found in relation to accidents and incidents, risks, care plans and staff files. For example, reviews of care files did not show one person's risk assessments and care plan had been updated after paramedics were called on two occasions.

Failure to assess, monitor and improve the quality and safety of the service people received is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 were positive about the provider. One person said, "The manager here and all the assistants are so obliging, they will do all we ask."
- People and staff told us that the registered manager was supportive and approachable and had an open-door policy should they have any concerns they wanted to discuss. One staff member said, "The registered

manager is brilliant, very approachable and fair." One relative said, "The registered manager is superb and keeps me informed."

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

- The registered manager had an open-door policy that encouraged people to come and discuss any concerns they may have. The provider carried out spot check and used these opportunities to obtain feedback from people and ask them about any issues they may have. None issues had been reported. One relative said, "There is nothing they can do to improve, it's all positive."
- Staff told us they attended regular quarterly staff meetings to discuss policies and procedures, complaints, training and updates about the organisation. One staff member said, "I do go to staff meetings, it's a chance to find out about updates and discuss any issues we may have."

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 effectively. This included reporting any environmental issues that needed addressing and making sure that the on-site chef knew what people's individual dietary requirements.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Accidents and incidents were not safely managed</p> <p>Risks were not always identified and safely managed</p> <p>Regulation 12(1)(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures had not been carried out to ensure that staff were of good character or have the skills and experience necessary to provide care.</p> <p>Regulation 19 - Fit and proper person employed</p>



