

Yourlife Management Services Limited

YourLife (Seaford)

Inspection report

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11 May 2017
16 May 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Our inspection took place on 11 & 16 May 2017 and was announced. . We gave the provider 48 hours' notice because we needed to be sure the right people would be available to talk to us when we visited. This was the services first inspection since it registered with us.

YourLife (Seaford) is a domiciliary care service located within a private housing development, close to local amenities. People own their own flats within the development, and also have access to communal areas such as a lounge, garden and restaurant. YourLife (Seaford) provides personal care to some of the people who live in the development who need additional care and support, and at the time of our inspection there were five people using the service. In addition to providing personal care the service was responsible for some facilities management for the development, and YourLife (Seaford) staff also worked in the restaurant and provided cleaning services for the communal areas and in people's apartments. This part of the service is not regulated by the Care Quality Commission and was not part of this inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Incidents and accidents were not always reported or thoroughly investigated and action was not taken to reduce the risk of them being repeated. The registered manager and staff did not always understand the importance of learning from incidents so they could make improvements to the service.

Staff had regular training, but not supervision or appraisal to support them. Appropriate pre-employment checks had been completed before staff began working for the provider. Staff gave us positive feedback about the training they did receive and said it helped them in their role.

Although the provider carried out regular audits to ensure people experienced safe and good quality care, these did not always highlight areas of practice that required improvement, such as lack of staff supervision and appraisal. People knew how to make a complaint or raise concerns with the registered manager, but when concerns were raised they were not always fully considered. Feedback about the personal care aspect of the service was not always asked for or acted on.

People told us they were safe. Staff knew how to recognise the signs of abuse and what to do if they thought someone was at risk. Where risks to an individual had been identified, these were effectively managed. People were supported to take their medicines safely when needed.

People gave us positive feedback about the care they received and were able to express their views and preferences about their care and these were acted on. People were treated with respect and their privacy was protected. People's care needs were regularly assessed and people and those important to them were

involved in making decisions about their care. People's support needs were assessed and care plans were developed to details how these needs should be met. Care plans were detailed which helped staff provide the individual care people needed.

People were asked for their consent appropriately and staff and the registered manager had a basic understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves.

People who needed it were supported to eat and drink enough and staff knew what to do if they thought someone was at risk of malnutrition or dehydration. People's day to day health care needs were met.

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. People told us they felt safe and staff knew what to do if they thought someone was at risk of abuse. Risk assessments were completed to ensure people were looked after safely and recruitment practise were good.

People were supported to take their medicines safely when needed. There were enough suitable staff to keep people safe.

Is the service effective?

Requires Improvement ●

The service was not always effective. There was a risk people would receive care and support from staff who had not had their skills assessed. Staff had not been properly supported with supervision and appraisal.

People were asked for their consent before staff provided them with care. The registered manager and staff had a basic understanding of the Mental Capacity Act 2005.

People were supported with their nutritional and hydration needs, where required, and their day to day health needs were met.

Is the service caring?

Good ●

The service was caring. People gave positive feedback about the care and support they received. People experienced care from staff who were kind and caring.

People's privacy and dignity was respected and their independence promoted.

People were involved in making decisions about the care and the support they received.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. People knew how to make a complaint or raise a concern, but if they did their concerns were not always acted on.

People's care needs were regularly reviewed and their care plans were up to date. People were able to express their views about their choices and preferences.

Staff knew what people's preferences were and how best to meet them.

Is the service well-led?

The service was not always well led. Although there were systems in place to monitor the quality of the service they were not always effective. The registered manager was not always clear about their role. Incident and accidents were not always reported or fully investigated.

Staff worked as a team and wanted to make sure they supported people in a caring and person centred way.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required.

Requires Improvement 

YourLife (Seaford)

Detailed findings

Background to this 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 was planned to check 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. This was the service's first inspection since it registered with us.

The inspection team consisted of one inspector. Before the inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 28 April and 2 May 2017 and was announced. We spoke to two people who use the service and two relatives, the registered manager and three members of staff. After the inspection we spoke to the operations manager by telephone. We reviewed the care records and risk assessments for three people who use the service, and the recruitment, training and supervision records for four members of staff. We reviewed quality monitoring records, policies and other records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe. When we asked them, one person said, "Yes, I feel completely safe." A relative told us their family member was "absolutely safe". A member of staff said, "We all strive for the same thing, to make sure everyone's safe".

Staff knew about safeguarding people from abuse and what action to take if they were concerned a person was at risk. They knew they should raise concerns with the registered manager and they were confident that any issues they raised would be dealt with appropriately. Staff were not always clear who they should talk to if they needed to report any concerns outside the organisation, such as the local safeguarding authority, but all of the staff we spoke with knew they could contact CQC if they needed to.

Other risks to individuals' safety were identified and managed. There were risk management plans in place which promoted people's safety. For example, taking medicines, or trip hazards in the environment. Assessments were detailed and there was clear guidance for staff to follow in order to minimise risk.

Although there were enough suitable staff on duty, two care workers commented they were concerned about lone working early in the morning, in case there was an emergency. We discussed this with the area manager after the inspection. They investigated these concerns and determined staff had not been properly trained in what to do in the event of an emergency. This is discussed in further detail in the well-led section of the report.

The provider had good recruitment procedures in place. The staff recruitment records we reviewed showed all of the relevant checks had been completed before staff began work. These included disclosure and barring service (DBS) checks, evidence of conduct in previous employment and proof of identity. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff were not allowed to start work until these checks had been completed. This helped to ensure that staff employed by the service were safe to work with the people they cared for.

People and their relatives were happy with how they were supported to take their medicines. When discussing their medicines one person told us staff, "...really are very helpful" and that they always got their medicines on time. A member of staff said, "You know they are getting the right amount, and on time". People were supported to order and manage their own medicines by staff, and if people needed help contacting their pharmacy or GP to discuss or change their medicines this was arranged. Medicines administration records (MAR) showed people received their medicines as prescribed and on time.

Is the service effective?

Our findings

There was a risk people would not always experience effective care because staff were not properly supported with supervision and appraisal. Although staff said they felt well supported by managers they had not received regular one to one support during supervision sessions or appraisals. One care worker told us they had supervision in March 2017, but "...it had been a while before that, at least 18 months". They explained this had been identified recently and supervision had been re-introduced for staff. Another member of staff said, "I do have supervisions, but perhaps not as regular as it should be" but, "the things we talk about in supervisions I can talk about anytime." The registered manager had put a supervision schedule in place for the rest of 2017 and told us they were "hoping to do them every two months". It is important to provide staff with regular opportunities for reflective supervision and appraisal of their work. It enables staff to ensure they provide effective care to people who use the service.

Staff said the training was good, and all of the relevant subjects were up to date, including areas such as moving and handling and medicines administration. One member of staff said the trainers were, "Good. They get us all really involved. We do an exam at the end which I think is good." However, staff confirmed they did not have their competency to provide care or administer medicines checked regularly. It is important for staff to be properly supported in their practice with regular observation of their skills, to make sure people experience safe and effective care. These are areas of practice that requires improvement.

Staff and the registered manager had a basic understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making particular decisions on behalf of adults who lack the capacity to make decisions 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 decisions made on their behalf must be in their best interests and the least restrictive as possible.

The registered manager knew which people had given another person valid and active lasting powers of attorney (LPA). An LPA is a legal tool that allows people to appoint someone to make financial or health and social care decisions on their behalf. The registered manager understood what an LPA was and made sure they had seen a copy of any LPA and recorded it in people's care plans. The registered manager and staff knew that any decisions made on someone else's behalf should always be in their best interests.

People were asked for their consent before staff provided any care. Staff explained how they would ask for people's permission before giving support, and what they would do if someone declined the support offered. One care worker told us gaining consent was about, "giving people the opportunity and time to make their decisions".

Some people who use the service were supported with their nutritional and hydration needs. People who required this support said their needs were met. One person said: "They do get breakfast for me". A relative told us how they did not worry about their family member getting enough to eat and drink, because staff always checked the person was getting what they needed. People's food and fluid intake was appropriately

monitored if needed and staff knew what to do if they thought people were not getting enough to eat or drink. This included discussing their concerns with senior staff or contacting the person's family or GP if needed.

People we spoke with arranged their own medical support either on their own or with the support of their relatives. Staff knew about people's day-to-day health needs and how to identify changes in people's health and what they should do to support them. This included contacting the GP and reporting their concerns to the registered manager.

Is the service caring?

Our findings

People and relatives we spoke with gave positive feedback about the care they experienced and staff were described as friendly and respectful. One person who used the service said, "They are all very nice, they really are, very helpful" and another, "The girls are very caring. They really do look after you". A relative told us, "They are absolutely brilliant to be quite honest. All of them are very caring and understanding" and "We are so lucky with the staff". One member of staff described how their colleagues were "very caring, pleasant, polite and friendly, as well as professional".

People's privacy and dignity was respected and maintained by staff. Care workers told us how they made sure they gave people privacy while supporting them with aspects of their personal care. Examples included helping people to choose their clothes for the day, and keeping people covered when they liked to be. One care worker said, "it's all about respecting people's boundaries".

People were supported to express their views and remain involved in decisions about the care they received. They were involved in their care planning and were encouraged to make their preferences known. A relative told us, "You can't want for more for my (relative). They go over and above to make sure they put (my relatives) needs first". A member of staff commented, "We want everyone to be happy" when discussing people's care planning.

People were supported to remain as independent as possible. A member of staff said they wanted to help people, "stay in control and be as independent as possible". Another care worker told us the best part of their job was "making people feel safe and valued, but still independent".

Staff knew the people they cared for well and spoke about them in a kind and caring way. They understood people's life histories, likes and preferences and were able to describe how they would meet people's preferred care needs. Staff described how they would support people in a person centered way and to make day to day choices. Staff understood the importance of supporting people to make their own decisions and described in an appropriate way how they would protect people's privacy when providing personal care. Staff understood the importance of respecting people's confidentiality and people's care records were stored appropriately.

Is the service responsive?

Our findings

Although the provider had an appropriate complaints procedure in place, some people raised concerns with us during the inspection, which they felt had not been acknowledged or taken seriously enough by the registered manager. An example included a person's preference of care worker being disregarded. There were no concerns or complaints recorded and the registered manager had not fully considered how to support some people to make a complaint or raise a concern with them. Staff knew they should report any concerns or complaints that were raised with them to the registered manager, but were unsure what happened about a complaint after speaking to the registered manager. It is important for any concerns or complaints to be taken seriously and be properly investigated and recorded, so providers, registered managers and staff can learn from mistakes and make changes to the way they work, when needed. This is an area of practice that requires improvement.

The registered manager invited people to take part in a quality monitoring survey. This was sent to all of the people who lived in the development and not just people who use the service for personal care. People were asked to rate statements such as 'I think the development is kept clean and tidy' and 'the staff treat me with respect'. However, the provider did not ask for feedback that was specific to the quality of care people experienced. Staff said the registered manager was approachable, and they felt comfortable giving feedback. They gave examples when they had given feedback and this had been acted on, such as changing people's call times to allow time for their medicines to take effect.

People who use the service and their relatives were involved in devising their care plans when they initially started receiving care. A detailed assessment was completed with the person, and those important to them, such as a family member. People were well supported to make their preferences and choices known. People and their relatives described how the care workers understood their needs and how these changed over time. They also said staff had a good understanding of their likes and dislikes. People's care plans were reviewed annually to ensure people were happy with the support they received. If people's needs changed in between their annual review, their care plans were updated as and when it were needed.

Care plans reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. Information included in people's care records included 'tips for talking to me' to help staff communicate with people in a way which supported the person. There was also detailed descriptions of people's personal care needs, how they may need help with their mobility and continence care where appropriate. Other information included in people's care records documented their individual strengths, preferences and aspirations, together with details about their families and who was important to them. This helped care staff get to know and understand people so they could provide care that was tailored to each individual.

Is the service well-led?

Our findings

The service was not always well led. Although, people and staff gave us positive feedback about the registered manager there were areas of practice that required improvement. The registered manager and providers quality monitoring was not always effective and it had not identified some of the issues we found during the inspection.

In the early morning and late afternoon, there was one member of staff on duty. They were required to support people with their personal care while also being responsible for other estates duties within the building. This included answering emergency call bells for other home owners who did not receive personal care from the service. If the member of staff was supporting people with personal care and the emergency alarm was activated, the person being supported would be left on their own. We were made aware of an occasion when this had happened, which we identified to the registered manager during the inspection.

This incident had not been reported so could not have been fully investigated. An investigation was completed by the registered manager immediately after the inspection. This found staff had not been fully trained in what to do if they were called to another homeowner while supporting people with their personal care needs. The service had a 24 hour emergency contact system where emergency calls could be routed to a control centre. If staff were dealing with an emergency and needed extra support, an alarm could be set off via the system and the call would transfer off site to the control centre and back up would be provided to the staff on duty. Although there were enough staff on duty the registered manager had not ensured staff were properly trained in what to do if they were called to an emergency elsewhere in the building, so the right action was not being taken when needed.

Two further incidents had been reported, and a brief investigation completed. They were recorded on a computer system which was monitored by the providers head office. We asked the registered manager what incident analysis or investigation they completed. They said head office would contact them if there was a problem relevant to the service. The registered manager did not understand that incidents and accidents were an opportunity for learning and that it is important to make sure action was taken to prevent an incident from happening again. This is an area of practice that requires improvement.

A senior manager completed regular monitoring visits to assist the registered manager and staff team to examine the quality of the service and their monitoring processes. These visits were based on the prompts and potential sources of evidence found in the key lines of enquiry. CQC uses the key lines of enquiry to ensure a consistent approach in the way we inspect and what we look at under each of the five key questions safe, effective, caring, responsive and well-led. We were sent the most recent monitoring visit report after the inspection.

Although some of the topics covered were relevant, such as 'staff safeguarding training up to date?' it did not assess whether the safeguarding training had been effective. Another example for staff training did not check if staff had their competency assessed. Not all areas of quality assurance had been considered by the provider such as incident reporting and investigation. This is an area of practice that requires improvement.

The dual roles of estates manager and registered manager for the regulated activity were not clearly defined. The registered manager found it difficult to separate their responsibilities as registered manager for CQC from their position as estates manager for the development. When discussing the estate manager's role the registered manager told us, "I'm a caring person. It's difficult not to get involved" and "It takes up a lot of my time because they always come to me". The registered manager divided their time between both roles, but did not make sure they took the time they needed to ensure the quality of care the service provided was good. Examples included lack of supervisions and competency assessments for staff. The registered manager aimed to be open and available for people who use the service and staff. They told us "The doors are always open. I feel it is the best way".

A relative said the registered manager was, "Very, Very good. Very experienced and very patient". Staff described the registered manager as "Good. Tough but fair" and approachable. They said they could give the registered manager feedback when they needed to and it was acted on. One care worker told us, "as things happen, we talk about it the time" and "We're not frightened to say if there is a better way of doing things. Staff were happy working at the service and comments from staff included; "It's excellent. A really good team" and "We're quite open and discuss everything". When we spoke with staff, they were professional, open and enthusiastic about their role and the care they provided for people who used the service.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the provider is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.