

R Cadman

Your Life Your Home

Inspection report

2 Gardners Close
Ash
Canterbury
Kent
CT3 2AG

Tel: 01304813128

Website: www.yourlifeyourhome.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 homes and flats. People's care and housing are provided under separate contractual agreements. At the time of the inspection 13 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

People were not protected from the risks relating to infection prevention and control. Government and Public Health England guidance about the use of personal protective equipment and support bubbles had not been followed throughout the COVID-19 pandemic. Staff had not observed social distancing guidance. People had not been supported to follow national guidance and restrictions.

People were not supported by staff who had been recruited safely. Action to mitigate risks was not consistently robust.

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.

People told us they felt safe being supported by staff from Your Life Your Home. People were supported by a team of staff who knew them well and there were enough staff to provide care and support.

People received their medicines safely and as prescribed. People were supported to manage their own medicines when possible.

There was an open culture where people and staff were valued as individuals. Regular checks and audits were completed, and people's care records were kept up to date.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the Safe and Well-led key questions, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

People were empowered to make day to day choices. They were supported to take control of their care and support and enabled to be as independent as possible.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Support was centred on the individual and promoted people's dignity, privacy and human rights. Staff were had the skills, experience and knowledge to support people living with learning disabilities and autism.

Information was provided to people in a format they could understand.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The registered manager and staff had built positive relationships with people and demonstrated a genuine care for people. Staff spoke passionately about supporting people to increase their independence.

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

Rating at last inspection

The last rating for this service was Good (published June 2018).

Why we inspected

The inspection was prompted in part due to concerns raised regarding unsafe recruitment practices. Whilst reviewing information, additional concerns were raised regarding infection prevention and control. As a result, a decision was made for us to inspect and examine those risks. We undertook a focussed inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has deteriorated to requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection prevention and control, recruitment practice and management oversight.

Please see the action we have told the provider to take at the end of this report.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

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.

The service had a manager registered with CQC. 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 was unannounced.

Inspection activity started and ended on 10 August 2021 when we visited the office location.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority. We used 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 four people who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at infection prevention and control records, training data and quality assurance records.

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 Good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were not protected from the risks relating to infection prevention and control. Staff were not following Government guidance for the use of personal protective equipment (PPE) and had not been doing so throughout the COVID-19 pandemic. Staff had completed infection prevention and control training, but this had not been followed in practice. Some staff confirmed they wore gloves and an apron when providing personal care but not a facemask. Staff were not socially distanced from people.
- The provider told us that people could not tolerate staff wearing facemasks inside the premises. During the inspection, we observed this was not the case when people were supported to appointments. People and staff wore a facemask when they went out. We spoke with the registered manager about this concern and they confirmed there were no detailed, individual risk assessments in place, and no discussions had been held with Public Health England about staff not wearing facemasks.
- There were no individual COVID-19 risk assessments in place for people or staff to understand risks to each person and the action required to minimise these risks.
- During the COVID-19 pandemic, Government guidance regarding support bubbles had not been followed. The provider told us they had formed a bubble of the 13 people they supported to help their well-being and mental health. The registered manager and staff all spoke about a 'bubble' of the 13 people supported. The Government's definition of a bubble was, 'A support bubble that linked two households'. Photographs on the provider's website showed staff were not socially distanced from people and were not wearing facemasks. A photograph of Christmas December 2020 showed everyone sat around one long table.

We found no evidence that people had been harmed however care and treatment were not provided in a safe way. The provider failed to assess the risk of, and preventing, detecting and controlling the spread of, infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were not consistently protected by safe recruitment. We reviewed three staff files. Staff had not been recruited in line with Schedule 3 of the Health and Social Care Act.
- One staff file only included the years of employment and not the months, therefore it was not possible to evidence a full employment history. A second staff file did not include a full employment history. The third staff file contained a full employment history with satisfactory explanation of gaps.
- Criminal record checks with the Disclosure and Barring Service (DBS) were completed. DBS helps employers make safer recruitment decisions. However, when there had been a change in a person's DBS status, this had not been acted on appropriately to protect people.

The provider failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Two references were obtained to check each candidate was of good character.
- There were enough staff to provide people with the care and support they needed. The registered manager monitored the hours of care provided so they could review this with people's funding authorities.
- Staff told us they were not rushed when providing support and there were enough staff to meet people's needs.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not consistently protected from the risks of abuse. For example, when there had been a change in a person's DBS status, a risk assessment had been completed. However, this had not been shared with the relevant staff to ensure people's safety at all times.
- Staff completed training about how to keep people safe. Staff we spoke with recognised the potential signs of abuse and knew what action to take. They felt confident action would be taken. They knew where they could go outside of the organisation to raise their concerns if necessary, such as to the local authority safeguarding team.
- Staff told us, "If I saw a person who was normally bright and bubbly become withdrawn, introvert or paranoid or if I noticed bruising or flinching, then I would speak to the senior and they would look into it" and, "If I was concerned I would go to the management".
- Accidents and incidents were recorded and monitored by the registered manager to identify any patterns. When needed, referrals were made to people's health care professionals for advice.

Using medicines safely

- People received their medicines safely and as prescribed. Staff were trained how to support people with their medicines and their competency was assessed.
- Medicines were stored in people's own flats. The temperature of medicine cabinets was monitored, to make sure medicines continued to be effective, and there was a plan in place if the temperature became too high to safely store the medicine. One person needed their medicine to be kept in their fridge, at between 2 to 8 degrees Celsius, and staff checked the fridge temperature. We identified three occasions, in July 2021, when the temperature had been above 8 degrees Celsius. We raised this with the registered manager who agreed to speak with the person and put in place a solution to make sure people's medicines continued to be effective. This was an area for improvement.
- People, when possible, were encouraged and supported to administer their own medication. This was done gradually so people could learn how to take their medicines safely. When people had 'as and when' medicine, such as pain relief, there was information for staff such as how often the medicines could be taken and when it may be needed.
- Medicines were ordered and disposed of safely. Medicines audits and checks were completed regularly. Medicines administration records were completed accurately. A medicines audit had recently been completed by a pharmacy and no concerns had been identified.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were managed. Staff had guidance to follow about actions needed to protect people from avoidable harm. For example, when people were living with diabetes, there was information for staff about what action to take if a person's blood sugar levels became too high or too low.
- Some people displayed behaviours which could put themselves or others at risk of harm. People had

behaviour support plans and risk assessments in place. These provided staff with guidance on what signs to look for, potential triggers and the action staff needed to take to make sure people were supported safely and consistently. Staff used distraction and diversion techniques to reduce people's anxiety and provide reassurance.

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 as Good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and registered manager failed to ensure Government and Public Health England guidance had been followed throughout the COVID-19 pandemic. For example, staff had not been wearing the appropriate personal protective equipment (PPE) or social distancing. The provider chose to create a bubble of 13 households contravening Government guidance of two households. People had not been supported to understand Government restrictions.
- No detailed, individual COVID-19 risk assessments for people or staff had been completed to assess and mitigate risks. Infection prevention and control audits did not include checking staff were wearing the appropriate PPE.
- The provider and registered manager failed to ensure safe and robust recruitment practice was followed. When potential risks were identified, action was not taken to ensure people remained safe.

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

- Checks and audits were completed regularly. Care plans were kept up to date when there were changes in people's care and support needs.

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

- There was an open and inclusive culture. The registered manager had an 'open-door' policy and, throughout the inspection, people and staff spoke with them.
- Staff spoke positively about working at the service and about how people were being supported to increase their independence.
- Care and support plans were written with people and information was provided to people in formats that they could understand, such as an easy to read version with pictures.

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; Continuous learning and improving care

- The registered manager understood their regulatory responsibilities, including in relation to duty of

candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment.

- The registered manager understood when they needed to notify the Care Quality Commission or local safeguarding authority of incidents or concerns.
- The provider displayed the rating from their last inspection in the office and on their website, in line with guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular tenants' meetings were held, and staff supported people to raise any concerns regarding their accommodation. People were given the opportunity to discuss the support they received from the service. People were supported to keep in touch with friends and family.
- People were encouraged to be involved in the planning of their support and in setting their goals and objectives to increase their independence. During the inspection one person told us they were being supported that day with 'travel training'. This was to enable them to gain the confidence and skills to use a bus independently.
- Staff told us they felt listened to. Staff said, "It is a good place to work. We have supervisions and I feel supported" and "The management are supportive. If we need anything, we just ask them. They do listen when I have made suggestions. I am happy working here. It is a good team."
- The registered manager and staff worked closely with people's health care professionals.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess the risk of, and preventing, detecting and controlling the spread of, infections.

The enforcement action we took:

Warning notice