Care Quality Commission

# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Your Life Care Solutions

The Mullions, Office 2, Nayland Road, Colchester, CO6 4HH

Date of Inspection: 07 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Your Life Care Solutions Limited |
| Registered Manager | Mr Stephen Langford |
| Overview of the service | Your Life Care Solutions provides personal care in a supported living environment. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


| | Page |
|---|---|
| **Summary of this inspection:** | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 6 |
| **Our judgements for each standard inspected:** | |
| Consent to care and treatment | 7 |
| Care and welfare of people who use services | 9 |
| Cleanliness and infection control | 11 |
| Supporting workers | 12 |
| Assessing and monitoring the quality of service provision | 13 |
| **About CQC Inspections** | 15 |
| **How we define our judgements** | 16 |
| **Glossary of terms we use in this report** | 18 |
| **Contact us** | 20 |

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 May 2014, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

### What people told us and what we found

Our inspection team was made up of one inspector who answered our five questions; is the service caring? Is the service safe? Is the service effective? Is the service responsive? Is the service well led?

Below is a summary of what we found. The summary is based on our conversations with the manager, three staff and three relatives and from looking at records. Where it was not possible to communicate with people who used the service we used our observations to gather information.

Is the service caring?

People were supported by kind and attentive staff. We saw that staff showed patience and gave encouragement when supporting people. Relatives commented, "The staff are good I have confidence in them. "

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service safe?

People were cared for in an environment that was safe, clean and hygienic. Staff had received appropriate training and guidance.

Records contained detailed assessments of people's needs that had been carried out prior to them moving to the service. Any training needed for staff to support people safely was identified and provided prior to the person moving to the service and if their needs changed. This ensured that the staff had the relevant skills and knowledge required to meet the individual's identified needs.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This

reduced the risks to people and helped the service to continually improve. One person said, "I feel my relative is safe here the staff are very responsive to their needs."

Is the service effective?

It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew the people well. Relatives we spoke with told us that, "Staff had excellent knowledge about the people they support."

People's health and care needs were assessed with them, and they were involved in writing their plans of care. Specialist dietary needs had been identified in care plans where required. People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

The training that staff had received equipped them to meet the needs of the people who used the service. Staff were aware of people's preferred method of communication such as pictures and symbols that they used to obtain people's consent before providing care and treatment.

Is the service responsive?

The manager had regular contact with the relatives of people who used the service. People told us that they had specific agreements regarding frequency of contact. One relative told us, "The manager had agreed with me that they would text me daily updates about my [relative], which they have done."

Monthly keyworker meetings took place where people had an opportunity to provide feedback on the service. We noted that the monthly keyworker report addressed any compliments or concerns raised by the people who used the service, relatives and feedback from professionals.

Where shortfalls or concerns were raised these were addressed.

Is the service well led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had a quality assurance system. Records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continuously improving.

Staff told us they were clear about their roles and responsibilities and that they received excellent support and supervision from the manager. Staff had a good understanding of the ethos of the service. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Consent to care and treatment** ✓ Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

### Reasons for our judgement

We saw that the provider had a process in place for seeking consent for care and treatment. Before using the service, people had been given the opportunity to discuss their care and support needs and make choices about their stay.

We checked the care and support records for three people who used the service on the day of our inspection. These records showed us that their consent had been obtained before any care or treatment had been provided. We saw that a mental capacity assessment had been conducted for three people prior to them moving in to the home, these related to areas such as personal care, managing finances and medication.

Where people were unable to give their consent, we saw documentation that a mental capacity assessment had been undertaken and had involved significant people who knew the person well. People were offered the opportunity to access an advocate if they so wished or if there were any concerns regarding their mental capacity.

We saw training records for staff that confirmed that staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training to ensure that they had the skills and knowledge to ensure that they acted in accordance with legal requirements. We observed three staff on the day and noted that they clearly understood the need for people to provide their consent to the care they provided.

We saw that staff used prompts such as, "Would you like..." or "Can I help you with..." as a way of checking if people wanted support. We also saw that there was clear information relating to peoples individual method of communication such as pictures and symbols. Additionally support plans described how people communicated things such as likes, dislikes, happy, sad, hungry, and thirsty or in pain.

During our inspection we assessed how the Mental Capacity Act (MCA) 2005 was being implemented. This is a law that provides a system of assessment and decision making to

protect people who do not have capacity to give their consent. We also looked at Deprivation of Liberty Safeguards (DoLS). DoLS aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

All of the measures taken by the provider meant that there were processes in place to obtain valid consent from people who used the service .

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

## Reasons for our judgement

People who used the service were unable to tell us verbally whether they felt their needs were being met. For this reason, we observed staff providing care and support. We saw that they had a good understanding of individuals' needs, preferences and dislikes. They engaged with people in a polite, caring and sensitive manner, treating people with dignity and respect.

During our inspection we looked at the care records of three people who used the service. They contained detailed assessments of people's needs that had been carried out prior to them moving to the service. They included relevant information from health care professionals and education services. The care was delivered in line with their care and support plans. Any training needs for staff were identified and appropriate training was provided prior to the person moving to the service.

We saw that the care plans included people's preferences and dislikes such as morning and evening routines. They contained sufficient information which identified people's abilities and areas where people required support to maintain and develop their independence including managing risks. We saw that these were regularly reviewed and updated with people including following an incident or event. We saw that people's documents were in formats that were easy to understand. These included pictures and symbols.

We saw that referrals to other health care professionals had been made by the service to support people's health care requirements. The referrals were to the behavioural assessment team, speech and language therapy team, epilepsy nurse, doctor and dentist. This demonstrated that the provider sought appropriate professional health and care support to help keep people well.

Staff told us that care plans and risk assessments were informative and provided clear guidance on people's needs, wishes and aspirations. Staff told us any changes to people's care were discussed during handover periods and recorded in care plans. We saw there was regular monitoring of people's welfare and records that showed issues of concern

were passed on to the relevant professionals appropriately. Staff had followed the guidance provided by them.

We saw that staff compiled reports for reviews for people who used the service, these reviews showed that matters affecting people since their last review, as well as changes in their health needs.

This showed that the service was responsive to people's needs.

**Cleanliness and infection control** ✓ Met this standard

**People should be cared for in a clean environment and protected from the risk of infection**

## Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

## Reasons for our judgement

Staff were trained in infection control and infection control policies were in place for staff to refer to.
Health and safety checks were carried out to minimise the risk of cross infection. On the day of the visit, staff were observed supporting people who used the service to prepare a sandwich. We saw that staff washed their hands before starting to prepare food. Staff supported people who used the service to clean any equipment and work surface after use. We saw that personal protective equipment such as gloves were available for staff to use.

This meant that there were effective systems in place to reduce the risk and spread of infection.

**Supporting workers** ✓ Met this standard

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

## Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Reasons for our judgement

During our inspection we saw records that confirmed that staff had attended training in core skills annually. This resulted in staff having up to date knowledge and skills to support the people who used the service. Core training included autism, health and safety, medication, safeguarding, moving and handling, food safety, diet and nutrition, epilepsy, fire safety, Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS), communication and managing challenging behaviour.

The manager informed us that staff received annual training updates to ensure they had the skills and knowledge required to meet the needs of the people they supported. We saw records that confirmed that staff was  booked on to refresher training throughout the year.

We were told by the provider that staff received regular supervision and an annual appraisal. We saw records that confirmed this. We saw that both the supervisor and the supervisee signed these records.

The formal supervision records seen covered the following topics; needs of the people who use the service, health and safety issues, training, professional development and a review of performance. If any training needs were identified the manager ensured that staff were booked on to the next available training session. We also saw that actions set in the previous sessions were reviewed at the commencement of the supervision session.

Staff we spoke with told us that they received regular and planned supervision. Staff told us that the senior staff member was approachable and supportive at all times. Staff told us that there were arrangements in place for staff to contact the on-call person for advice and support in the event of an emergency.

This meant that staff received appropriate professional development and support.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

## Reasons for our judgement

We saw audits that had been completed relating to the planned monthly care plan and risk assessment reviews. The audits confirmed that the reviews had taken place as planned so that any changes and improvements could be made promptly. The audits included reviewing the quality of the content of care records and that the appropriate action had been taken to ensure they reflected people's changing needs.

We saw that staff training audits had been completed and any additional training needs that were identified had been addressed by the manager. We saw records that confirmed that the manager had organised for staff to attend refresher training where required.

We saw documentation that demonstrated that health and safety checks were regularly carried out and that the appropriate action was taken to ensure that any maintenance or repair issues were dealt with promptly by the landlord.

Records seen confirmed that monthly audits were regularly carried out on areas such as, medication, infection control, water temperatures and any action identified was dealt with promptly.

The provider held regular team meetings and staff received 1-1 supervision sessions and quarterly appraisals. The meetings provided an opportunity for staff to give feedback to the manager.

Records were in place that confirmed that formal reviews of people's care had taken place. This enabled professionals such as social workers, speech and language therapists and learning disability nurses to provide feedback for the review and to comment on the quality of care.

Monthly meetings took place between the person who used the service, staff and the manager. During these meetings, people's views were sought on the quality of the care and support that had been provided. The manager was in regular contact with people's relatives and their views were incorporated into the monthly service review. One relative

we spoke with told us, "I have total confidence in the manager and the staff; they have excellent knowledge and skills which they use to ensure people's needs and wishes are met."

This meant that people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.

## Contact us

| | |
|---|---|
| Phone: | 03000 616161 |
| Email: | enquiries@cqc.org.uk |
| Write to us at: | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |
| Website: | www.cqc.org.uk |

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.