

Your Healthcare Community Interest Company

Yourhealthcare Community Interest Company

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Your Healthcare Community Interest Company is a shared lives scheme which provides people with long-term placements within shared lives carers (SLC) own homes. At the time of inspection, five people, some of whom have learning disabilities, were receiving support with personal care from this service. In this report we refer to the shared lives carers as 'carers.'

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service was not consistently well-led. Quality assurance processes were not in place to monitor the quality of the care provision, including accuracy of care records, carers' training needs and management of people's medicines. Risks to people's health and safety were not sufficiently identified and assessed to ensure safe care delivery for people.

Carers were not always supported in time to update their knowledge and skills in all areas required for their role. We made a recommendation about this.

People's care plans lacked details on how people wanted to be supported. The management team told us they would address this concern immediately. We will check their progress at our next comprehensive inspection.

There were policies and procedures in place for carers to follow should they noticed people being at risk to harm or when incidents and accidents took place. Carers were required to undertake appropriate checks before they were employed by the service. People had assistance to manage their medicines safely.

People were supported to have maximum choice and control of their lives and carers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. A comprehensive assessment was carried out to match people with carers which ensured a good placement provision. People had support to attend to their health needs when they needed to. Carers encouraged people to get involved in their meal preparations.

People felt respected and listened to by the carers that supported them. People were encouraged to make choices for themselves and have a say in the decision-making process. Carers encouraged people to maintain and further develop their independence skills where they had been able to. Personal information

about people was kept safe.

People told us they would address their concerns should they have any. The service worked to update the guidance provided to people with difficulty reading to help them understand the information better. The management team told us they planned to have conversations with all people about their end of life care to ensure their wishes were adhered to as necessary.

People and their circle of support felt there was a good care provision at the service. People were encouraged to provide feedback on how they valued the service. Carers felt that the registered manager was responsive and guided them well.

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 24 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We have identified a breach in relation to people's risk management plans at this inspection. Please see the action we have told the provider to take at the end of this report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Effective 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 responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Yourhealthcare Community Interest Company

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Service and service type

Your Healthcare Community Interest Company is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

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.

What we did before the inspection

Before the inspection, we looked at information we held about the service, including notifications they had made to us about important events. We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information

about the service, what the service does well and improvements they plan to make.

We spoke to three people who received a shared lives service, one relative and two carers asking for their feedback about the service delivery.

During the inspection

We visited the shared lives scheme office on 10 September 2019. We spoke to the front-line service lead manager who line managed the registered manager and the registered manager of the service. We looked at care records for four people and reviewed records related to carers recruitment, safeguarding, incidents and accidents, medicines, audits and other aspects of the service management.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at data relating to carers training.

We contacted one healthcare professional asking for their feedback about the service.

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.

Assessing risk, safety monitoring and management

- There were no comprehensive risk assessments in place to guide carers on the support people required to maintain their safety. Risks to people were not identified and assessed as necessary. Care plans included some information on the actions the carers had to take to ensure peoples' safety related to their personal care such as assistance required with washing and dressing. However, guidance provided had not always covered all areas relevant to people's lives, for example the support a person required to stay safe when carrying out activities in the home involving meal preparations.
- People had moving and handling risk assessments in place, but these were not always fully completed. For example, the risk assessment form used included a summary of a person's mobility needs where they had been assessed at low risk for moving. However, this information was not recorded to inform the carers on the support the person required to use a mobility aid safely.
- Records showed that health and safety assessments were carried out as part of the initial assessment when people were first referred to the service. The registered manager told us that after that they undertook regular checks of the premises where people lived making sure that the emergency procedures were in place and followed as necessary, including fire safety. However, there were no appropriate records to suggest that the health and safety checks took place. Two health and safety assessments viewed were last dated 2012 and 2014.
- After discussing this with the registered manager they told us that comprehensive risk management plans would be completed and that from now on they would review the health and safety assessments annually making sure the environment provided for people was safely maintained.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse;

Learning lessons when things go wrong

- Carers were aware of the safeguarding procedure and knew the actions to take if they had concerns about people's safety and wellbeing. A carer told us, "We make sure that our clients are safe. Anything I don't want to be done to me, I don't do to others. If I saw someone being abused I would tell [name of the registered manager]."
- Processes and procedures were in place for reporting and investigating any abuse allegations to ensure people's safety. The provider had a dedicated safeguarding lead who advised and supported staff on any safeguarding concerns or issues.
- Carers were required to notify the registered manager should an incident or accident take place to ensure

they took the necessary actions to support people safety. This information was then appropriately recorded and included details of injuries sustained and involvement of other agencies such as healthcare services. This helped the registered manager to monitor any incidents taking place and prevent the incidents recurring.

- The registered manager told us that there were no safeguarding investigations or incidents and accidents took place since the last inspection.

Staffing and recruitment

- The carers were self-employed and had a contract to work with Your Healthcare Community Interest Company. Suitable pre-employment checks were carried out to ensure safe care for people. Records showed that carers were required to provide references and carry out a criminal record check before they started working with people.

Using medicines safely

- The management team told us that carers were required to complete the medicines administration record (MAR) sheets to confirm when people had taken their medicines. The MAR sheets were kept at the carers' homes and disposed of after three years as required by the provider's procedure.
- Care plans included information on the medicines people were taking to ensure they were supported to take their medicines as prescribed.
- The registered manager told us there were no medication errors reported since the last inspection.

Preventing and controlling infection

- Carers were aware of the procedures they had to follow to avoid risk of infection. They provided us with examples of how to protect people from cross contamination. One carer told us they separated equipment they used to support people in the kitchen and with personal care which helped to ensure infection free environment.

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 as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Carer support: induction, training, skills and experience

- Our last inspection report noted that carers were not up-to-date with some of the mandatory training courses because of IT security problems. The courses included medicines management, health and safety, fire safety and food hygiene. Records showed that since the last inspection, the carers had attended these training courses. At this inspection, we again saw that some carers were overdue for manual handling, medicines management, fire safety and infection control training. Training was also not provided for carers in relation to supporting people with learning disabilities.
- This was discussed with the management team who told us they again experienced some IT issues and therefore the e-learning training courses were not completed in time. The registered manager told us they used supervisions to update and check carers' knowledge in these areas. Immediately after the inspection, the registered manager contacted us to say that the required training courses were booked so that the carers had the necessary information on how to support people effectively.

We recommend that the provider seeks guidance on best practice in relation to carers training to ensure they had the necessary skills and knowledge for their role.

- A relative told us, "[Name of the carer] is very good, she is very knowledgeable. If [my family member] is not well, she knows when to call the doctor."
- Records showed that carers had been appraised yearly. Carers also had supervision meetings, facilitated by the registered manager, which were recorded as part of carers' home visits, to discuss their developmental needs and any concerns they had about people's individual care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A comprehensive assessment was carried out when people were first referred to the service making sure they received the necessary level of care. People were assessed for long term support which was based on their individual care needs. Carers were required to undertake multiple interviews before they were approved by the shared lives panel which was assessing their suitability for the scheme and if they had the right values for the job. The registered manager told us they matched people with carers carefully to ensure they got on well with each other. People were supported to visit the potential carer in their home which helped them to decide if they wanted to move in with the carer. This ensured that people were given a choice of where they wanted to live.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they made choices about the food they wanted to eat and that they liked the meals

provided. Comments included, "The food is lovely, it is great. I eat so much!" and "Food is good here. I just had lasagne. I do tell to [my carer] what I want to eat."

- Care plans included information about people's nutritional needs, including the meals they liked to eat and that a person was vegetarian.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans included information related to people's health needs, including their health conditions and medical history.

- Records showed that people were supported to attend their annual review meetings with the GP which meant that their health needs were monitored as necessary.

- The registered manager told us that recently one person started using a hospital passport to inform the hospital staff about their health and social care needs. This worked very well because they were able to share personal information about them more effectively.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Carers understood the principles of the MCA and told us how they supported people to make decisions.

One carer said, "If someone has a short-term memory, it does not mean that they are not able to say what they want to do or make choices for themselves. As far as [the person] can decide for themselves, I help him with this."

- Systems were in place to support people in the decision-making process. The registered manager told us they involved the local authority if people required support to make more complicated decisions, for example in relation to their finances. A care plan noted where a person's capacity was assessed in relation to their placement and what was the outcome of this assessment.

- At the time of inspection, there were no concerns raised regarding people's ability to make their own decisions.

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 as good. At this inspection this key question has remained 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; equality and diversity

- People told us they were provided with good care. One person said, "I like [my carer], she is good to me." A healthcare professional told us, "I find [the management team] very caring towards the residents and they implement a person-centred approach with the residents."
- Care plans noted people's ethnicity and their religious beliefs where they chose to practice their religion.
- The registered manager told us that one person developed good connections with the local church and that they regularly attended the gatherings facilitate by the church.
- The carers told us they supported people to maintain relationships with their families.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to and that their views were adhered to as necessary. One person said, "I do see [name of their friend] sometimes and as often as I want to. [The carer] helps me with that." Another person said, "I like [my carer]. She is taking me everywhere. If I don't want to do something, she is listening."
- People told us they arranged their bedrooms according to their taste, with one person telling us, "I like my bedroom. I listen to my music. In my room I keep pictures of [names of people] who are my friends."
- People were encouraged to get involved in activities facilitated in the local community. Care records included information related to the activities people liked to attend. The registered manager provided us with examples of the activities that were important to people noting how much they liked attending them because they enjoyed socialising with other people.

Respecting and promoting people's privacy, dignity and independence

- People had their rights respected and promoted. We saw a person being asked for permission for the registered manager to deal with their benefits on their behalf.
- Carers told us how they encouraged people to make a cup of tea for themselves, take part in preparations of their meals, undertake household chores and travel on public transport independently so they could maintain a better quality of life. A carer told us, "I let [the people] I support to do whatever they can do for themselves, from writing, eating and walking. It is good for them. If they can't do something, I support them."
- Care plans held information on the activities people were able to carry out themselves which helped carers to encourage people's independence as necessary. Guidance was provided for a carer regarding a person's ability to dress themselves and put on shoes independently.
- Confidentiality principles were followed to ensure that important information about people was kept safely. This included people's electronic care records being password protected and only accessed by

authorised staff members.

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 as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records included details about people's personal histories, likes and dislikes and preferences such as their favourite meals and activities. Contact details were provided for the healthcare professionals involved in people's care and their Next of Kin should carers required to contact them for any reason.
- However, some care plans lacked information related to how people preferred carers to meet their personal and social care needs. For example, one of the care plans noted that a person required 'assistance with bathing' but no further information was provided on the support the person required to undertake this task and how they wanted to be assisted with this. Although the registered manager told us that people had been supported by the same carers for a long time and that they knew their preferences well, they agreed to update the care plans accordingly to ensure they were meeting people's current support needs. We will check their progress at our next comprehensive inspection.
- The registered manager told us they carried out a six-week review after a placement started to ensure people were receiving the correct level of support.
- Carers liaised with the healthcare professionals to ensure that people had access to any specialist equipment they needed, including specialist footwear where a person required support with stability.

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.

- The provider was aware of their responsibility to meet the AIS. Care plans were written in a simple language to help people with difficulty reading to understand it easier.
- The management team told us they currently updated the 'Service user guide' to ensure that information provided to people was easy to read, including the complaints procedure.
- The service planned to introduce a 'carers profile' to provide people with information about the potential carer they could choose from.

Improving care quality in response to complaints or concerns

- People told us they felt confident to address their concerns should they have any. One person said, "I would talk to [my carer], my housemate or when I have an [annual review meeting] if I am not happy." A relative told us, "I certainly know the procedure what to do if I had any concerns. I would firstly talk to the [registered] manager, but overall, I am very happy with the service."

- Systems were in place for monitoring any complaints received. The service had not received any complaints since their last CQC inspection.

End of life care and support

- Care records included information where people had expressed their end of life wishes, including a person choosing for their family to make all the funeral arrangements as necessary.
- The registered manager told us they were in the process talking to all people about their end of life care to ensure their spiritual needs and wishes were adhered to appropriately when the time comes.
- The registered manager told us they had a date planned for the carers to attend a training course related to the end of life care.

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.

Continuous learning and improving care

- The registered manager met with people and carers regularly to ensure they were well supported. However, there were no effective systems in place to monitor the quality of the care delivery, including management of medicines, training and accuracy of care records.
- Although people's care plans were regularly updated by the registered manager when there was a change in people's care needs, there were no other regular checks carried out to review the accuracy of the care plans to ensure they were meeting people's current support needs. Additionally, there were no risk management plans in place to ensure safe care delivery for people.
- The registered manager told us they checked the management of people's medicines during their regular visits to carer's home. However, it was not clear what criteria was used to review the administration of the medicines. The record for 'Medication check' only noted, 'No changes at present.'
- The registered manager told us they regularly discussed carers' training needs during their supervisions. However, no auditing system was in place to regularly check if carers were up-to-date with the training courses required for their role.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team told us they used an electronic system to monitor the quality of the services being provided for people. Any complaints, safeguarding concerns, incidents and accidents received were recorded on this system which was regularly reviewed by the management team to ensure that lessons were learnt to prevent errors happening in the future.
- The management team gathered key performance information about the service and shared the data with their commissioners.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they were happy with the service delivery. One person said, "Everything is great. Nothing at all to worry about!" A relative told us, "[My family member] is very happy there. He came out of his shell when he moved in to the home of [name of the carer]. It is a very good service."
- A healthcare professional said, "I would recommend a person to be placed in the shared lives placement [with this service]."
- The registered manager told us they worked closely with healthcare professionals to ensure that people

were provided with appropriate support to meet their health and social care needs. This included guidance given by the speech and language therapist on how to support a person with communication.

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

- We found the registered manager committed to values that supported person-centred care provision. Carers told us the registered manager was available for support and guidance when they needed it. One carer said, "[Name of the registered manager] is a very good manager, she gives good support. Everything is provided for us and I always get reassurance if I am not sure about something."
- The registered manager was aware of the different forms of statutory notifications they had to submit to CQC as required by law.

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

- Systems were in place for gathering feedback from people to ensure they were happy with the service delivery. Annual review meetings were carried out to talk to people about their achievements and goals for the up-coming year, including the support they required to accomplish them. The registered manager was proud to tell us how they supported one person to gradually reduce their addiction to substances.
- A healthcare professional told us that the management team "respond to my feedback very well and always follow up on any actions I make at the time of the reviews."
- Records showed that regular home visits were carried out by the registered manager to discuss any concerns people and their carers were facing which ensured that any issues raised were addressed quickly as necessary.

Working in partnership with others

- The management team told us they used internal resources provided by the Your Healthcare Community Interest Company to inform the service about the changes taking place in the social care sector. They also attended different meetings facilitated by the local authority and multidisciplinary meetings to discuss practice issues such as changes in funding for people who required support with medicines management.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not identified and assessed as necessary.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to sufficiently monitor and improve the service delivery so that people experienced safe care.