

Yourlife Management Services Limited

YourLife (Sidcup)

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 September 2018 and was announced. This is the first inspection for this service which was registered in September 2017.

YourLife (Sidcup) provides personal care to older people in their own homes within an assisted living development. Not everyone using YourLife (Sidcup) received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were four people using the service.

The service has recently employed a manager who is not yet registered with the CQC, but who had applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

At this inspection, we observed that medicines were not always managed safely. Risk assessments for falls were not carried out and there were no risk management plans in place for people at risk of falls. Accidents and incidents were not always appropriately managed. Care plans were not always updated following a change in people's care or support needs. The provider did not have effective processes in place to monitor the quality of the service as they had not identified the issues we found at this inspection. You can see what action we told the provider to take at the back of the full version of the report."

There were appropriate safeguarding procedures in place to protect people from the risk of abuse. Staff understood the different types of abuse and knew to who contact to report their concerns. People were protected from the risk of infection. Staff were able to confidently describe what they did to prevent the risk of infection. There were enough staff deployed to meet people's needs and the provider followed safe recruitment practices.

Staff completed an induction when they started work and a programme of regular training and supervision to enable them to effectively carry out their roles. People's needs were assessed prior to joining the service to ensure their needs could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff told us they asked for people's consent before offering support. People were supported to have enough to eat and drink and had access to healthcare professionals when required to maintain good health.

Staff were caring and respected people's privacy and dignity. People were involved in making decisions about their daily care and support needs. People were supported to be independent wherever possible. People were provided with information about the service when they joined in the form of a 'service user

guide' so they were aware of the services and facilities on offer.

People were involved in planning their care needs. People were aware of the service's complaints procedures and knew how to make a complaint if necessary. People's religious beliefs were recorded and the manager told us they would be supported to meet their individual needs if required. The service was not currently supporting people who were considered end of life. However, if there were we were told this would be recorded in their care plans.

The provider carried out spot and competency checks to make sure people were being supported in line with their care plans. Regular staff meetings were held where feedback was sought from people about the service. Staff were complimentary about the manager and the service. The manager was knowledgeable about the requirements of a registered manager and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. The philosophy of the service was to provide a personal care service to older people living in their own homes. To promote dignity privacy and respect and the right to enjoy the highest possible quality of care. The provider worked in partnership with the housing to provider people with a high-quality service.

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 consistently safe.

Medicines were not always managed safely.

Risks to people were not always identified and safely managed.

Accidents and incidents were not always appropriately managed.

There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse.

People were protected from risk of infection.

There were enough staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices.

Requires Improvement ●

Is the service effective?

The service was effective.

People's needs were assessed prior to joining the service to ensure their needs could be met.

Staff completed an induction when they started work and were supported through regular training and supervisions and appraisals

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately. Staff told us they asked for people's consent before offering support.

People were supported to have enough to eat and drink. People had access to healthcare professionals when required, to maintain good health.

Good ●

Is the service caring?

The service was caring.

Good ●

People were involved in making decisions about their daily care and support needs.

People told us staff were caring and respected their privacy, dignity and independence.

Staff had completed equality and diversity training and said they would support people according to their individual diverse needs.

People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

Is the service responsive?

The service was not consistently responsive.

Care plans were not always updated following a change in people's care or support needs.

People and their relatives were involved in planning their care and support needs.

People were aware of the service's complaints procedures and knew how to raise a complaint.

If people required advanced care plans to document their end of life care wishes, this would be recorded in their care plans.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider did not have effective quality assurance systems in place to monitor the quality and safety of the service.

There was a manager in post who had applied to be the registered manager.

Regular staff meetings were held and regular feedback was sought from people about the service.

Staff were complimentary about the manager and the service.

The provider worked in partnership with the housing to provider people with a high-quality service to meet people needs effectively.

Requires Improvement ●

YourLife (Sidcup)

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 checked whether the provider was 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 inspection site visit took place on 13 September 2018 and was announced. The provider was given 48 hours notice of the inspection. This was because the location provides a domiciliary care service and we needed to be sure that there would be someone available to speak with us. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. 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 with four people using the service and one relative by phone, three members of staff, the manager and the area manager. We reviewed records, including the care records of four people using the service, recruitment files and training records for four staff members. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

Is the service safe?

Our findings

Risks to people were not always identified and safely managed. Improvements were needed as risks in relation to falls were not always identified or assessed. Where risks to people were identified, there was not always a risk management plan in place with detailed guidance for staff on how to manage these risks safely. For example, one person was identified requiring assistance with their mobility following a medical condition and they used a wheelchair. The person's care plan documented that they were unstable on their feet and at risk of falling if they did not use their wheelchair. The person did not have a falls risk assessment in place to assess possible risks while care was delivered and there was no detailed guidance in place for staff on how the person should be supported to mobilise when using their wheelchair.

Accidents and incidents were not always appropriately managed. The service had a system in place to record accidents and incidents. We saw records that included the details of the accident or incident, that had happened. However, action taken was not always recorded. For example, one person experienced a fall in April 2018, an accident form had been completed but there were no details recorded of the actions taken. We looked at this person's care file and saw that the care plan had not been updated and a risk assessment had not been carried out following the fall. This meant there was no guidance for staff on how to support the person following the fall or how to minimise these risks. Lesson learnt had also not be disseminated to staff.

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

We brought this to the area manager's attention at the time of the inspection, they told us that as a provider they had never been asked to complete falls risk assessments, but they would look at this and carry out a review of falls risks and accident forms. We will check this at our next inspection.

Medicines were not always managed safely. We saw improvements were needed as one person did not have a Medicine Administration Record (MAR) in place for medicines that they had administered from the time they joined the service in July 2018 until 12 September 2018. However, daily notes recorded that their medicines had been administered. We brought this to the area manager's attention, who told us that they had found this error on 12 September 2018 and had immediately put a MAR chart in place. The area manager had also met with the person and their relative to discuss the matter and the person's care plan had been updated. We also found that two people did not have their MAR charts signed for 31 August 2018 to show that medicines had been administered as prescribed. We checked the daily notes that recorded both people had had their medicines administered at the required time. We brought this to the area manager's attention, who told us that they would hold a staff meeting the following day and would be carrying out medicines refresher training for all staff.

We looked at a further sample of MARs and saw that people had received their medicines as prescribed and they had been completed correctly and in full. Medicines were administered only by trained staff who had undergone an assessment of their competency to administer medicines.

People told us that they felt safe. One person said, "Oh yes I feel safe and happy. Because they look after you."

People were protected from the risk of abuse. There were safeguarding procedures in place and staff understood the types of abuse that could occur and knew who to report any concerns to. Staff were also aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if required. One staff member said, "I'd tell my immediate manager or go straight to CQC." There had not been any reportable safeguarding concerns, but the manager understood safeguarding protocols and said they would submit safeguarding notifications when required to the local authority and CQC.

People were protected against the risk of infection. Records showed staff had completed infection control training and they had access to personal protective equipment (PPE) which included aprons and gloves. Staff described with confidence how they worked to reduce the risk of the spread of infections, for example by ensuring they wore aprons and gloves and washing their hands to prevent the risk of infection. One staff member said, "I do wear PPE whenever helping people."

There were enough staff deployed to meet people's needs in a timely manner. Staff rotas were planned in advance so staff knew what shifts they were working. Rotas showed that there were sufficient numbers of staff on duty to meet people's needs. The area manager and staff told us that if they were going to be late, they rang the main office who let people know. But overall staff were not late carrying out care calls. One staff member said, "If I was going to be late I would phone the office and they would let the person know. But I have never been late for any calls." One person told us, "Yes staff do come on time and they stay for the time agreed and no they haven't missed a call." Another person said, "Staff have never missed coming, they always come." The area manager said that the service did use agency staff on a regular basis, but for consistency they only used selected agencies and the same agency staff covered shifts when needed.

The provider followed safe recruitment practices to ensure that suitable staff could work with people. The provider also carried out the required recruitment checks before staff started work. Staff files we reviewed contained completed application forms which included details of employment history and qualifications. References had been sought and proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

Is the service effective?

Our findings

People received care from staff who were supported to carry out their roles effectively. New staff members completed an induction when they joined the service and completed a programme of training to help them carry out their role. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. People said that staff knew their jobs well and had the skills to provide the care and support they required. One person said, "Oh yes staff know their jobs, they are very good."

Records showed that staff had completed a programme of training which included, health and safety, medicines administration, safeguarding, food safety, dementia and equality and diversity. One staff member said, "Yes my training is up to date, the training is good, I really enjoy the face to face training." Another staff member said, "My training is up to date which means I have up to date knowledge." Staff received regular supervisions and appraisals. Areas discussed included safeguarding, training, communication, handovers and objectives. One staff member said, "Yes I do have supervisions and appraisals. I can discuss my development and any training I need as well as being able to ask my manager for any guidance."

Assessments of people's needs were conducted prior to them joining the service. The registered manager told us this was done to ensure the service would be able to meet people's care and support needs. These assessments were used to produce individual care plans and so that staff had the appropriate information and guidance to meet people's individual needs effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager told us all of the people using the service had capacity to make decisions about their care. They said that if they had any concerns about any person's ability to make a decision they would work with the person and their relatives and, if appropriate, any relevant health and social care professionals to ensure decisions were made appropriately on their behalf and in their 'best interests' in line with the MCA.

Staff had an understanding of the MCA and they also understood the need to gain consent when supporting people. One staff member said, "I knock on people's doors and wait for them to invite me in. I always ask for their permission before supporting them and always explain what I'm doing." One person told us. "Yes, staff do ask for my consent and they always explain what they are going to do." People's rights were therefore protected as staff met the requirements of the MCA.

People's nutritional needs were met. These were documented in people's care plans and people were supported to eat and drink if required. Staff only assisted people with breakfast and heating meals in the microwave if people requested this. People used the communal restaurant that is located within the building for the majority of their meals. The service provided the on-site chef with dietary requirements of people using the service to ensure that they were offered a balance diet and that their likes and dislikes were taken into account.

People had access to a range of healthcare professionals if required. The area manager and staff told us that generally family members arranged healthcare appointments for people, but if required they would accompany people to healthcare appointments. They also said if they noticed a person was unwell, they would immediately call an ambulance and inform the person's family. The provider worked in partnership with the housing to provide people with a high-quality service to meet people needs effectively. This included ensuring there was parking space for ambulances to park outside the service should people become unwell.

Is the service caring?

Our findings

People told us that staff were caring. One person told us, "Oh yes, staff are caring, I have no problems." Another person said, "Staff are caring - absolutely." We observed staff talking to people in a respectful manner. Staff addressed people by their preferred names. We observed staff members speaking to people at their level, so they had good eye contact. Staff were knowledgeable about people's individual likes, dislikes and preferences such as their hobbies and what they liked to talk about. For example, one staff member said, "One person loves talking about their relative who is an actress, they are extremely proud of them, so I always have a chat about with them about how their relative is doing."

People were involved in decisions about their daily care such as what time they wanted to wake up or go to bed and what they wanted to wear. People's individual needs were identified and respected. One staff member said, "One person likes to wake up really early, they are ready for me to support them when I go in to help them at their scheduled time."

Staff protected people's privacy and dignity. We saw staff knocked on people's doors and obtained permission before entering their rooms. Staff told us they closed doors and curtains and ensured people were covered during personal care. One staff member said, "I always respect people's privacy and dignity, I make sure that I cover them during personal care and that doors are shut." People were also asked if they preferred a female or male staff member to carry out their care calls. One staff member said, "There is one person who will only have female carers, their choice is respected." People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Staff told us and we saw that they promoted people's independence where possible by encouraging them to carry out aspects of their personal care, such as washing their own face. One staff member said, "I do try and encourage people to do what they can for themselves, but if they choose not to, I respect their decision."

Staff had received training on equality and diversity. Although the service did record people's religious beliefs, there was no-one presently that required support to practise their faith. The service also did not currently have anyone with any diverse or cultural or spiritual needs that required support. The manager told us if they did, this would be documented in the care plan as well as the support they required.

People were given information in the form of a 'service user guide' prior to joining. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

Is the service responsive?

Our findings

We saw that care plans were not always updated when there was a change in people's care or support needs. For example, one person had suffered a fall, but their care plan had not been updated to document the falls and if there was a change in their care needs. This meant staff did not always have up to date information on how a person's needs might have changed or guidance in place on how to meet this change in needs and this required improvement.

We brought this to the attention of the area manager, who told us that they would be speaking to staff and giving them further training about when to update care plans. We will check this at our next inspection.

People were involved in planning their care and support needs. One person said, "I am involved, we are looking at my care plan at the moment."

People's needs were assessed and care plans had been planned and developed based on an assessment of their needs, which had been carried out by the provider. Care plans contained information about people's desired outcomes from using the service, such as maintaining the independence and mobility.

People's care plans addressed a range of needs such as mobility, personal care, the environment, nutrition, communication and mobility. This also included the equipment people needed, such as walking and mobility aids. Care plans included details about people's individual routines, the support they required, their preferred times of their calls, preferences.

Care plans included information about people life histories, choices and preferences as well as information about the things that were important to them. Such as their food likes and dislikes, what their former occupations were and what they enjoyed doing, such as reading, watching television, eating cereal and drinking white wine. We discussed the requirements of the accessible information standard with the manager. They told us no one required information in a different or adapted format at this time.

The service had a complaints policy and system in place to log and investigate complaints. People and their relatives knew how to raise a complaint if they needed to. The service had not received any complaints; however, the area manager said that if they did they would investigate them in line with the complaints policy and disseminate learning to staff. One person said, "No, I have never made a complaint." Another person said, "If I had a complaint I would just go down to the office and tell them."

The service did not currently support people who were considered to be at the end of their lives. The area manager told us that if they did then they were aware of best practice guidelines and would consult with relevant individuals and family members where appropriate to identify record and meet people's end of life preferences and wishes.

Is the service well-led?

Our findings

The service had systems in place to monitor the quality and safety of the service, however, these were not always effective because they had failed to identify and address issues we found during this inspection in relation to risks, accidents and medicines. For example, the last internal quality assurance audit in September 2017 did not identify that falls risk assessments and guidance for staff on how to manage falls risks were not in place. It also did not identify that accidents forms were not completed in full. The last medicine audit dated 4 September 2018 did not identify that MAR charts had not been signed for two people on 31 August 2018. Care plan audits had not been carried out since 2017, we were unable to establish the exact date of the last audit.

These were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the attention of the area manager, who told us that they would be carrying out effective quality assurance audits going forward, this included medicines, risks, accidents and care plans. We will check this as part of our next inspection. An audit of staff files was carried out in March 2018 and no concerns were found.

The service had a manager in post who had applied to be the registered manager for the service. The manager was knowledgeable about the requirements of a registered manager and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required.

The philosophy of the service was to provide a personal care service to older people living in their own homes. To promote dignity privacy and respect and the right to enjoy the highest possible quality of care. Staff told us that although there have been changes in management, the service did deliver its philosophy.

People, their relatives and staff we spoke to were complimentary about the service. One person said, "I do think the service is well run. We are looked after, I think it is good." Another person said, "They have just changed the manager, who talks to everybody, I don't think they could do anything better."

Regular staff meetings were held to discuss the running of the service and ensure staff were aware of the responsibilities of their roles. We saw the minutes of the last meeting held in March 2018 and area discussed included staffing, rotas, training, health and safety and infection control. One staff member said, "Staff meetings are useful as it gets everyone together to give their opinions and raise any concerns."

The service carried out regular spot and competency checks to make sure staff were suitably carrying out their roles and that people were being supported in line with their care plans. Written reviews were regularly sent out to people throughout the year to obtain people's feedback about the service. Feedback was positive and included comments such as, "I feel listened to" and "I am happy with the service." The manager told us that if they received any negative feedback they would use this to drive improvements.

The provider worked in partnership with the housing provider to ensure people received a high-quality service to meet their needs effectively. This included ensuring there was parking space for ambulances to park outside the service should people become unwell. Ensuring that the on-site chef was aware of people dietary needs and requirements and reporting any environmental needs that needed addressing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not always identified and safely managed.</p> <p>Accidents and incidents were not always appropriately managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were not effective systems in place to monitor the quality and safety of the service.</p>