

Yourlife Management Services Limited

YourLife (Droitwich)

Inspection report

Horton Mill Court
Hanbury Road
Droitwich
Worcestershire
WR9 8GD

Tel: 01905770288

Date of inspection visit:
22 July 2019

Date of publication:
15 August 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

YourLife (Droitwich) is registered as a domiciliary care agency and provides personal care and support to a number of people living in assisted living apartments at Horton Mill Court in Droitwich Spa. The building comprises of 61 one- or two-bedroom apartments.

Not everyone who used the service received personal care. 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. At the time of the inspection six people were being supported with personal care.

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

As part of the inspection we noted areas whereby quality systems not identified shortfalls. These included an incident involving people who used the service and the recruitment details of a member of staff.

An interim manager was in place while the registered manager was on extended leave. The interim manager was known to people and supported the staff team. They were aware some staff needed to complete their online training.

People told us they felt safe receiving care and support. Staff had received training and were aware of safeguarding procedures. Risk assessments covering both personal care and the environment were in place and reviewed and amended as needed. Care plans were in place and were reviewed regularly.

People received consistent care from a small number of staff who knew their care needs. Where people required assistance with their prescribed medicines this was carried out by staff. Protective equipment was available for staff to use while providing personal care.

People told us staff were kind and caring. 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.

Where people required assistance with their dietary needs this support was provided. People's healthcare needs were supported by healthcare professionals.

People felt confident they would be able to raise any concerns or complaints.

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 21 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Well Led section of this full report. We were given assurance improvement in practice would take place in future to mitigate risk.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for YourLife (Droitwich) on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

YourLife (Droitwich)

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in specialist housing. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for specialist housing; this inspection looked at people's personal care and support service.

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. This person was however on extended leave therefore the provider had made alternative arrangements while this person was absent from the service.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure a senior member of staff or manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England.

We used the 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 three people who used the service about their experience of the care provided. We spoke with six members of staff including the area manager, a registered manager from another location, the interim manager and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection

We spoke with a relative of a person who used the service for their experience of their family member's care.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe while receiving care and support from the service. People told us they could call staff in the event of an emergency using a pendant they were able to wear. Having this equipment helped people feel safe.
- The managers we spoke with had a clear understanding of circumstances when they would need to inform the local authority and the Care Quality Commission (CQC) regarding either actual or potential abuse.
- Staff confirmed they had received training in safeguarding and told us they would inform appropriate people of any safeguarding concerns. Staff told us they had no concerns regarding people's safety.

Assessing risk, safety monitoring and management

- Risk assessments were in place and these were reviewed as needed such as when people's needs or risks changed. Risk assessments included areas of people's personal care needs such as moving and handling.
- Environmental risk assessments, to identify any risks such as trip hazards within people's own apartments, were in place. One person told us they felt safe with the staff. They told us staff had remained with them following a fall and while awaiting an ambulance to arrive.
- A relative told us staff were aware of risks to their family member's welfare. For example, staff would pick anything up off the floor acknowledging it would be a risk if their family member did it.

Staffing and recruitment

- People received consistent care from a small team of staff members. In the event of sick leave or holiday the duty manager would cover calls if needed.
- Management we spoke with assured us they had enough staff to cover the calls at the times agreed. One person's records showed their morning call had not always taken place at the agreed time. We discussed this with the management as part of our inspection.
- A relative told us staff, "On the ground do a grand job."
- Recruitment carried out at the location was seen to follow the provider's own policies and procedures. This included checks on potential staff members' background such as with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and therefore helps prevent unsuitable staff from working with people who use the service.

Using medicines safely

- People confirmed they received their medicines or had creams applied as prescribed by a doctor. Other people required prompting to take their medicines.
- People's care records contained details of their prescribed medicines. Medication Administration Record (MAR) sheets were completed to evidence the medicines administered.
- The majority of staff had received recent training on medicine administration. One member of staff who had not completed a recent refresher did so on the day of our inspection. Staff confirmed competency checks took place including medicines, so management were assured they were competent in the role.

Preventing and controlling infection

- People's care plans provided instructions for staff members in relation to the use of personal protective equipment.
- A relative told us they had seen a supply of aprons and gloves. They told us it was, "Clear they [provider] have procedures" in relation to keeping everywhere clean.
- Staff we spoke with confirmed they had equipment such as gloves and aprons at their disposal as well as having training via e-learning.

Learning lessons when things go wrong

- The interim manager told us they acted when areas of improvement were identified.
- Accidents and incidents were monitored and analysed at the provider's head office to identify any trends and as a way of reducing reoccurrences.

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.

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

- Before people received a service from the agency an assessment was carried out to ensure staff had the skills and knowledge so identified care needs could be met.

Staff support: induction, training, skills and experience

- People told us staff knew their needs and believed staff had the skills and experience to provide their care.
- Staff told us they could undertake training via a computer when able to do so. The interim manager was aware some staff needed to complete areas of the e-learning and assured us this would be completed by all members of staff. Staff confirmed they received regular supervision to discuss their work and training.
- Before new staff members commenced providing personal care for people they received induction training, shown policies and procedures and had a period shadowing an experienced member of staff. Staff who had no experience of care work undertook the Care Certificate. The Care Certificate is an identified set of standards which social care staff work through based on their competency.

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

- People's dietary needs were included within their care plan. Most people who received any support with meals had a risk assessment in place although this was not in place for one person who received minimal support.
- Staff supported some people with the preparation of breakfast. People were supported if needed and if desired to the on-site restaurant for midday meals.
- A relative told us they believed the system for people to receive meals including either taking or having them taken to people's apartments from the restaurant worked well.

Staff working with other agencies to provide consistent, effective, timely care

- Some people living at the housing scheme received personal care from other domiciliary care agencies. Management at the scheme had information about the agencies other people received care from in case they needed to be contacted.

Supporting people to live healthier lives, access healthcare services and support

- People were able to access healthcare services as needed. Some people would contact these professionals directly while others were supported by staff. People we spoke with confirmed they were able to see their doctor.

- Other healthcare professionals were involved in people's care as needed for example community nurses and occupational therapists. Healthcare professionals were consulted to assess people's needs such as aids and adaptations in their own apartments. One relative told us because of increased aids available their family member had less falls.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

Where the service is currently depriving a person of their liberty, whether under a Deprivation of Liberty Safeguards (DoLS) authorisation or under authorisation from the Court of Protection.

- People using the service had the capacity to make day to day decisions.
- Staff were aware of the need to obtain consent from people before providing care and support and had knowledge of the MCA.

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 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; respecting equality and diversity

- People were complimentary about the care and support they received from staff members. One person told us, "They are very helpful." The went on to say, "I am very pleased" with the care and support they had received. Another person told us, "The care is very good. I am very happy with the care." They added "They [staff] are very kind."
- A relative described the staff as, "Lovely".
- We heard a member of staff check out if someone was well. Interactions between people and staff were respectful and friendly. We saw people and staff smile at each other. Staff demonstrated a caring attitude to people.

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

- One person told us they felt listened to and therefore valued as a person.
- A relative told us their family member can, "Ask for care themselves" therefore making their own decisions.
- Staff were able to tell us about people's care needs while acknowledging people had the right to choose what care and support they wished to receive daily.

Respecting and promoting people's privacy, dignity and independence

- One person told us staff were, "Pretty good" regarding up holding their privacy and dignity while providing care and support.
- People told us staff knocked on their apartment door before entering. We saw staff carrying out this practice.
- A relative confirmed their family member had no concerns about staff upholding their privacy and dignity.
- We were told people's choice of gender regarding their care worker would be respected.
- Care plans were in place regarding people's care. These referred to how people could be embarrassed and how to minimise this.
- Staff were able to give examples of how they upheld privacy and dignity. One member of staff told us, "We always try and provide this."

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 ensure people have choice and control and to meet their needs and preferences

- Care plans were in place regarding areas of identified need. These were person-centred and regularly reviewed. We saw reviews of care plans evidencing the involvement of the person concerned and where appropriate their family.
- A relative told us the care provided for their family member was flexible and adapted to meet people's needs. They described a change needed to their family member's care plan and told us they were able to discuss this with the interim manager and a revised care plan was put into place immediately.
- Staff members were aware of people's care plans and how they could assist people. One member of staff told us, "We want to help people, so they can get on with their daily living."

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.

- We saw the provider's statement of purpose it was available in braille, large print, different languages and audio. The managers we spoke with confirmed these were available for people if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People using the service were supported to take part and enjoy communal activities at the complex and in the wider community.

Improving care quality in response to complaints or concerns

- People told us they believed they could raise any concerns they had with the interim manager and were confident they would be listened to and action taken to resolve their complaint or concern.
- We were told the service had not received any complaints or concerns in the previous 12 months. The complaints procedure was displayed in the entrance hall as well as included within the provider's statement of purpose.

End of life care and support

- Nobody was receiving end of life care at the time of our inspection. We saw advanced care plans showing

people's wishes were in place for people who had elected to have these.

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 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 had informed the Care Quality Commission (CQC) of some extended leave being taken by the registered manager. An interim manager who knew the service was in post. In addition, the staff were receiving support from a registered manager from another location managed by the same provider and regular visits from the area manager.
- Systems in place had not identified shortfalls in the service we brought to the attention managers of the service. A file of a staff member transferred from elsewhere in the organisation contained conflicting information such as employment start dates and working background which was not identified prior to the staff member commencing at YourLife (Droitwich). The managers present during our inspection acknowledge the shortfalls we identified should have been identified before the member of staff commenced working at this location.
- We found records regarding an incident which took place some time ago. The managers we spoke with agreed the incident should have been reported to the Care Quality Commission (CQC) at the time as it was a safeguarding matter involving people who had used the service. Records seen confirmed the incident was report to the local authority as required but no such records of notification to CQC existed.

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

- One person told us they liked the interim manager and described them as, "Very good" and effective. A relative told us the service, "Usually runs very well."
- A duty manager was available to people and staff throughout the day and night to provide guidance and support.

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

- Managers understood their responsibility to be open and honest with people when things went wrong.

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

- Regular meetings took place involving all homeowners. We were told these tended to be based more on

the building and not the personal care received by some people. We were however, informed about discussions which had taken place involving homeowners in relation to dementia which some people who received personal care were living with.

- Reviews of people's care took place which gave an opportunity for feedback to be given. The provider carried out a satisfaction survey. These were returned to the provider's head office. The area manager was not aware of any concerns as a result of these.

Continuous learning and improving care

- Audits were undertaken by staff at the location such as medicine records and daily logs as well as other audits completed by the area manager. Any areas in need of improvement were recorded as well as when they were resolved.

- The interim manager was aware of a new self-audit introduced by the provider based on the five questions safe, effective, caring, responsive and well led and had commenced gathering evidence for these.