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Your Life Your Support

Inspection report

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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?	Good ●

Summary of findings

Overall summary

This announced inspection took place over two days. On the 06 January 2017 we visited the office and spent time talking to the management team and looking at records. On 09 January 2017 we contacted support staff, professionals who are involved with the service and people who used the service. We did this to seek their views and opinions on the service and the care provided.

The service had not yet been inspected at these premises. Your Life Your Support is a small domiciliary care agency and at the time of the inspection there were 57 people receiving support, 25 of whom were in receipt of support with personal care. It is registered to provide a service to people with learning and/or physical disabilities to enable them to remain in their own homes, as well as access community resources.

At the time of the inspection there was a registered manager in post. 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 and associated Regulations about how the service is run.

Risk assessments were in place and methods used to minimise risks to individuals were incorporated within support plans.

There was an appropriate safeguarding policy in place and staff were aware of the procedure for recording and reporting any issues. Accidents and incidents protocols were followed by staff and responded to and documented as required.

The recruitment procedure was robust and the induction programme and initial training was thorough. A significant amount of training was continually offered to staff throughout their employment. Medication training had been undertaken by all staff and was supported by a thorough and comprehensive medicines policy and procedure.

Staff supervisions took place on a regular basis and staff were also supported by informal chats and weekly catch ups.

Support plans included a range of health and personal information and were person-centred. We saw that communication with other health and social care agencies was effective. People's backgrounds, interests, likes and dislikes were documented. The service was flexible and responsive to people's changing needs and health issues.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and we saw evidence of decision making in individuals' best interests.

People we spoke with were very happy with the service and the individual workers who supported them. We

saw that people were fully involved with all aspects of care planning and reviews of support.

The service used various methods of communication with people who used the service. We saw that people were encouraged and supported to be as independent as possible.

There was an appropriate complaints policy in place, but there had been no recent complaints. The service had received a number of compliments.

The management team helped ensure continual development, improvement and high standards of service delivery. People who used the service, their relatives and staff members all felt the management team were approachable and accessible.

A number of audits and checks were carried out to help ensure the quality of the 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?

Good ●

The service was safe.

Risk assessments were in place and methods used to minimise risks to individuals were incorporated within support plans.

There was an appropriate safeguarding policy in place and staff were aware of the procedure for recording and reporting any issues. Accidents and incidents protocols were followed by staff.

The recruitment procedure was robust and helped to ensure staff were suitable to work with vulnerable people.

Medication training had been undertaken by all staff and was supported by a thorough and comprehensive medicines policy and procedure.

Is the service effective?

Good ●

The service was effective.

The induction programme and initial training was thorough. A significant amount of training was continually offered to staff throughout their employment.

Staff supervisions took place on a regular basis and staff were also supported by informal chats and weekly catch ups.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and we saw evidence of decision making in individuals' best interests.

Is the service caring?

Good ●

The service was caring.

People we spoke with were very happy with the service and the individual workers who supported them. We saw that people were fully involved with all aspects of care planning and reviews of support.

The service used various methods of communication with

people who used the service. People were encouraged and supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Support plans included a range of health and personal information and were person-centred.

People's backgrounds, interests, likes and dislikes were documented. The service was flexible and responsive to people's changing needs and health issues.

There was an appropriate complaints policy in place, but there had been no recent complaints. The service had received a number of compliments.

Is the service well-led?

Good ●

The service was well-led.

The management team helped ensure continual development, improvement and high standards of service delivery.

People who used the service, their relatives and staff members all felt the management were approachable and accessible.

A number of audits and checks were carried out by the service to help ensure the quality of the service.

Your Life Your Support

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 was planned to check whether the provider is 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 took place on 06 and 09 January 2017. The provider was given short notice because we needed to make sure the registered manager would be available at the office to assist with the inspection. This inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at information the service had sent to us including notifications. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

On the 06 January 2017 we spent time at the office and looked at six care records, four staff files, policies and procedures, staff training, staff supervisions, audits and checks and other relevant records. We spoke with the registered manager, other members of the management team and office staff.

Following the inspection visit we contacted four professionals, two people who used the service and four relatives to obtain their views and opinions of the care and services they received. We also spoke with four support staff.

Is the service safe?

Our findings

The service used individual risk assessments put in place by other agencies, such as adult social care, to inform their support plans. These plans were written in a positive manner and included all measures put in place to minimise risk to the individual and maximise their potential. We saw examples of where a person who used the service wanted to do something which would potentially put them at risk. The service put in a number of measures, in order to keep the person safe whilst supporting them to achieve what they wanted to do.

There was an appropriate safeguarding policy in place, which staff were aware of. Staff had undertaken training in safeguarding vulnerable adults and told us they were confident in the reporting procedures at the service. There was a financial management policy and practice, which helped safeguard people who used the service from financial abuse

We saw that there was a clear procedure for responding to, recording and reporting any accidents or incidents. The recording included completing an accident form, using a body map to indicate injuries, if appropriate, and scanning these into the electronic system. Staff were aware of the procedure.

There was a medication policy in place which included guidance on self-medication, drugs errors, household remedies, topical medicines and controlled drugs (CD) s. These are some prescription medicines are controlled under the Misuse of Drugs legislation.

Training in the administration of medication had been undertaken by all staff via the induction programme and regular refresher courses. There was a process for dealing with any medication errors, which included ringing NHS direct for advice, following the advice and contacting the management team as soon as possible after the event. There had only been one medicines error and this had been followed up with refresher training for the staff member involved.

We looked at four staff files and saw that the recruitment procedure was robust. Applications could be made in person, in writing or electronically through the website. These were monitored, followed up with pre-interview, interview, obtaining references, proof of identity and right to work in the UK. The service then applied for a Disclosure and Barring Service (DBS) check. A DBS check helps to ensure people's suitability to work with vulnerable people and informs the employer of any recorded convictions. We spoke with office staff about how staff issues, such as poor performance, were addressed. We saw that appropriate staff monitoring and support was given and that disciplinary procedures were invoked when necessary.

There was a health and safety policy and procedure in place at the service and all employees had undertaken training in this area. Staff had also had infection control training and there was an appropriate policy in place with regard to this.

Support workers were protected by the provision of work mobile phones, company email addresses and an on-call manager rota, as well as other emergency telephone numbers. Visits to people who used the service

were monitored by an electronic monitoring system for support worker log ins and outs. This helped ensure visits happened as planned and on time and meant that office staff were aware of any issues and could follow up to ensure staff and people who used the service were safe. The monitoring system was analysed and any patterns, such as a staff member being continually late to visits, was followed up by an appropriate method, such as staff supervision, to iron out any problems.

Is the service effective?

Our findings

We spoke with two people who used the service and four relatives. One person who used the service told us, "Every member of staff brings something different. I feel more supported by having a few staff as they have lots of experience". All told us the service was reliable and they had no issues with late or missed visits occurring. They told us the same members of staff visited as far as possible and this helped with building good relationships. One staff member told us, "The service is excellent". Another said, "Your Life, Your Support is a brilliant service".

A senior health care professional with whom the service had worked e mailed to say, "Your Life Your Support have consistently met the needs of each client during both planned and emergency care. Support staff have passionately supported both adults and children with complex physical and cognitive impairments to achieve their individual goals, whilst adopting a friendly but professional manner". Another health care professional told us, "I feel the service provided has been excellent I cannot fault any part the support workers or managers have provided for my patient. They have built up a fantastic relationship with my patient and the service has been outstanding. I would recommend the service for future patients".

We looked at four staff files and saw evidence of a robust induction programme. New employees were brought into the office to be shown around, look at policies and procedures and gain an understanding of the service offered. They were all expected to undertake the Care Certificate which has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. This was introduced in recent years and some workers had not undertaken this when they first began at the service. However, they were all now being placed on this course to ensure all were up to date with standards expected of them. Staff we spoke with told us the induction was thorough and they felt equipped for their role once they had undertaken the induction training.

Staff told us training was on-going throughout their employment and this was evidenced by training records for the service. We saw that a range of training was accessed by the service, some from the local authority and Clinical Commissioning Group (CCG), others from outside agencies. Further to the mandatory training, other courses included more in depth dementia training, behaviour that challenges, safe swallowing and Percutaneous Endoscopic Gastrostomy (PEG) feeding. This is when a person is unable to eat their food orally and receive it through a tube into their stomach. Staff were all supported to undertake the Qualifications and Credit Framework (QCF), which replaced the National Vocational Qualifications (NVQ).

To supplement formal training courses the service also ran 'Team Talks'. These were sessions facilitated by a member of the management team on particular topic areas to help enhance workers' knowledge and skills. Talks undertaken recently included catheter care, consent and mental capacity. We were also told by the management team that training on particular issues was sometimes carried out on a one to one basis at the home of a person who used the service. This helped ensure staff were able to support people in a way that was unique and tailored to the individual.

We saw from staff records that formal supervision sessions took place at least every six months and often more frequently. One staff member told us she had only started her employment in the last couple of months, but had already had a supervision session. Weekly catch ups with management also took place and informal chats about work issues occurred consistently.

We looked at six support plans. They included a range of personal and health related information and we saw that they were reviewed each time a change was implemented, or a minimum of annually if no changes occurred. The records included a 'grab sheet' which could be used if the person was to be admitted to hospital or another service and gave basic personal details, allergies, health issues, medication and GP details. This helped ensure the individual would receive the correct support.

We saw evidence of good communication with a range of other agencies, such as Speech and Language Therapy Team (SALT) and Occupational Therapy (OT) services. Within some people's support records were guidelines produced by other agencies to guide support staff to provide the correct level of assistance. The service took an active role in producing guidance and we saw that guidance around techniques to address behaviour that challenged the service, for one individual, had been devised by Your Life, Your Support and shared with other agencies. All these measures helped ensure people who used the service had good, joined up care and support.

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. For example, we saw that the service supported people with advice and information about good, healthy diets. However, they took into account people's ability to make choices, even if these may be unwise, when supporting with these issues.

We checked whether the service was working within the principles of the MCA. We saw that all staff had received training in this area. Details of the levels of mental capacity of people who used the service and the support they may require with decision making were recorded clearly within their support plans. There was clear evidence that the service helped ensure decisions made on people's behalf were made in their best interests and were the least restrictive measures possible.

Is the service caring?

Our findings

One person who used the service told us, "Everything is perfect, absolutely marvellous. I don't know what I would do without them. I am so grateful to have them in my life as before I was not coping, but now I feel like I have friends coming in".

A relative said, "I can't fault them. They are absolutely fantastic. I contributed to the initial meetings and communication continues to be excellent". Another told us, "The service is absolutely brilliant. They [staff] always go out of their way to help and communicate well, keeping in touch all the time". Other comments included, "[Relative] really enjoys their company. They are polite and respectful and [relative] really gets along with them and enjoys their company"; "We have a good relationship with all of them. They ask our opinion about all aspects of care. I would recommend them".

We contacted four health professionals who use the service. One health professional told us, "My clients have always had a full service delivered by a continuous team who are fully engaged, empathetic and knowledgeable around my clients' needs". Another said, "I have found the service to be sensitive and caring with a real understanding of the family needs. There is empathy and expertise for older adults and I would recommend the company to others. They allow the time that ensures safe and quality provision of care".

We saw evidence within the support plans that people who used the service, and their relatives where appropriate, were involved with all aspects of planning and on-going support. Family were invited to reviews of care if this was the wish of the person who used the service. We saw that reviews could be held at a place of the person's choosing, for example their own home or the service's office, to ensure they were at their most comfortable. This helped enable them to speak freely and express their wishes for their care and support.

We looked at four care records and saw evidence of different kinds of communication used by the service. The registered manager told us there were a number of people who used the service who communicated via Makaton, a communication system using signs and symbols. Staff who worked with them were able to use this form of communication. Other methods of communication used included pictorial prompts, which was effective for some people who used the service. We saw that certain pictorial publications had been used to help people who used the service with concerns or worries about particularly delicate subjects, such as the death of a loved one.

It was clear from looking at care records that people were encouraged to be as independent as possible. Encouragement and support was given with tasks such as maintaining personal hygiene, eating and drinking and linking into the wider community. Workers were expected by the service to offer the level of support required but to encourage and support each person to perform to the best of their abilities and strive for their own individual goals and aspirations.

We saw appropriate, up to date policies and procedures relating to areas such as confidentiality, and equality and diversity. These helped guide staff and ensure people were treated with respect when receiving

support. There was a service user guide given to people who used the service, which set out the services offered and general information for people who used the service.

Is the service responsive?

Our findings

People we spoke with told us the service was flexible and accommodating. A member of support staff said, "They [the service] are very responsive to changes and make people we support feel part of society".

A senior health care professional said, "Your Life Your Support have matched my clients with support staff who have similar personal attributes and interests. This has allowed a support worker- client rapport to become established quickly, and remain firm over months and years, enabling the client to achieve their goals". Another told us, "I have worked with staff from YLYS when they supported a [person] with very challenging behaviours. I provided training and guidance for the staff and they responded really well. They are a professional service with a range of skills who were able to adapt in a difficult situation. Support was flexible but consistent in order to meet the client's needs".

The service had a non-uniform policy. This was in response to people who used the service who had said that they did not wish people in uniforms to be coming and going from their homes. This made them feel they stood out and they did not want to be defined by their disabilities. This had been taken on board by the company and uniforms were not worn by support workers.

Care records we looked at included a significant amount of personal detail about people's backgrounds, interests, hobbies, likes and dislikes and aims. Choice and self-direction were important and it was evident that people who used the service were listened to by the service prior to this being set up.

Support workers were matched with individuals, by looking at background, interests and personality types to help ensure compatibility and people were asked for their choice of gender with regard to workers. We saw that people were asked, at the initial assessment meeting, about the kind of person they wanted to be supported by. Support plans were written by the individual, where possible, or their relatives, and were tailored to the individual, so that support could fit around their requirements and preferences.

We saw that activities were facilitated to help people feel part of the wider community. These activities were meaningful in terms of assisting with health and well-being as well as being enjoyable for the individual.

There were various forms of communication with people who used the service and their families, such as telephone calls or via e mail. The website was set up to be user friendly so that people could easily make an appointment with someone from the service or communicate with the office if they needed to.

The registered manager told us that some people supported by the service had fluctuating levels of need, depending on how their condition was affecting them at any given time. Therefore the support had to be flexible and responsive to their presenting needs on a particular day. We saw that other people who used the service had very unique and specific requirements. These were facilitated with the assistance of other health care agencies and a flexible and open-minded attitude to service delivery.

There was an appropriate, up to date complaints procedure. This was outlined within the service user guide

and people who used the service with whom we spoke were aware of how to make a complaint. However, concerns were dealt with immediately resulting in no formal complaints having been made. People we spoke with told us they had no cause to complain.

The service had received a number of compliments within the last 12 months. One person e mailed to say, "Just had a new carer for [relative] ,felt I had to email you ,this guy is an absolute gentleman, caring and compassionate, we only met him today and feel like we've known him for years, he's a credit to your company. Compliments and thanks to him please, hope to see him again". Another person had witnessed some excellent interaction between a support worker and a person who used the service, out in the community. They wrote, "I am in fact writing this email to express how exhilarating it was to see that there are still support workers that treat their patients with care and dignity and still smile about how happy it makes them to do this. Very well done to the company and this young lady's line manager. I will be sure to recommend this company to anybody who would feel they needed this type of care".

Is the service well-led?

Our findings

The service had a 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 and associated Regulations about how the service is run. The registered manager was also the owner of the company and had built the service up over a number of years. There was also a quality assurance manager, a compliance manager and a deputy manager within the service.

One health professional we spoke with said, "[The registered manager], in my opinion has always been very person centred focused in her delivery and with my clients this has always shone through, throughout all of their work. [The registered manager] is always open for bespoke training around my brain injured clients and all the team have worked consistently with the private therapists and their guidelines".

We asked people who used the service and their relatives if the service was well-led. All felt the management team were supportive and responsive to queries and concerns. One individual who used the service said, "I e mail the office and they respond to any queries very quickly. If I ring the office there is always someone there. The manager is very approachable and I can ask about any worries. For example, she has helped me with paperwork". One relative said, "If I e mail the office they respond straight away".

We spoke with support staff and office staff and they told us they were well supported by their managers. One person said, "We are a little happy family. We can say what's on our mind and we are all open and honest". Another told us, "We have support 24/7. We can speak to the manager at any time". We saw evidence that staff members who were experiencing personal problems or issues were supported by the management with monitoring of workloads, time off or sick leave if needed.

Staff were well supported by formal and informal supervision sessions, regular training courses, 'team talks' and updates to policies and procedures. There was an on call service for them to contact office or management staff to ensure they could access advice and guidance at any time.

We saw evidence that the management team at the service were not afraid to challenge other agencies when they felt they had not acted in an individual's best interests. For example, a formal and very detailed complaint had been lodged by the service regarding the poor treatment and unsafe discharge of an individual they supported following a hospital admission.

A number of audits and checks were undertaken by the service to ensure they maintained standards and addressed any shortfalls. For example, observations were carried out on any late or unlogged visits and the reasons why these visits had not been logged via the system. This was analysed and patterns and trends identified and addressed.