

# Yourlife Management Services Limited

## YourLife (Henley on Thames)

### 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

### About the service

YourLife (Henley on Thames) is a domiciliary care agency providing the regulated activity of personal care within an assisted living complex. The service provides support to people living in their own homes. At the time of our inspection there were 4 people receiving a regulated activity from the service.

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.

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

People were kept safe from abuse and harm. The service had systems to report and investigate concerns and staff knew how to report these. Care plans identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

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.

People told us they were supported in a kind and caring way by staff who knew them well. They were happy with the support they received from staff. People's privacy and dignity was considered and maintained, and people were encouraged to make choices. People's preferences, including their likes and dislikes were considered, and they received support based on these needs.

Each staff member had received induction, training and shadowing which enabled them to meet people's needs effectively. Supervision for staff was held regularly and staff felt supported by the management to perform their role.

People and staff spoke positively of the management; they found them approachable and supportive. There were systems to monitor, maintain and improve the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 11 March 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# YourLife (Henley on Thames)

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats within an assisted living complex.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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.

Inspection activity started on 10 February 2023 and ended on 16 February 2023. We visited the location's

office/service on 10 February 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with the registered manager of the service. We reviewed a range of records relating to people's care and the way the service was managed. These included care records, risk assessments for 3 people and 3 staff recruitment files. We also reviewed a range of management records concerning staff training, quality audits, and service user feedback.

We contacted 3 people using the service, and 3 relatives to seek their feedback about the service. We also sought feedback from healthcare professionals who visited the service.

#### After the inspection

Following the inspection, we spoke with 3 members of staff and continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. People we spoke to were asked if they felt safe. Comments included, "Oh yes I feel safe, they [staff] help with washing and dressing particularly with the shower" and "I have no concerns, all the girls [staff] that I know here are absolutely brilliant."
- Relatives were confident their family members were kept safe by the service. Comments from relatives included "Oh yes, [person] is safer with them than me, I can't give you a list of what they do, they couldn't be better I don't see how they can be improved" and "I have felt [person] is safe, they [staff] noticed [person] was deteriorating due to not having me come in. They spoke to social services about safeguarding, as they [staff] were afraid they weren't able to look after [persons] needs anymore."
- Staff had received appropriate and effective training in safeguarding, they knew who to report safeguarding concerns to. Staff told us "Safeguarding is raising concerns with the estate manager and safeguarding team within the local council about a person who could harm/endanger themselves or others, self-neglect with not eating or drinking, washing or using the toilet."
- The provider had an effective safeguarding policy and procedure in place. Recent safeguarding's had been recorded and the appropriate action taken. Staff we spoke to were aware of the risks and the actions taken.

Assessing risk, safety monitoring and management

- Staff were trained to support people safely. People using the service told us "They [staff] must be [trained] because it seems to work very well. If they [staff] were doubtful about anything, they would check it out with their superior."
- Risk assessments were in place to reduce the risk of harm to people. Risk management plans provided staff with guidance on actions to take to reduce identified risks for specific conditions.
- Staff we spoke to were able to provide detailed information about action they would take to support people safely.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe and meet their needs.
- People and their relatives told us staff were punctual and stayed for the full visit time. No one reported missed visits. People's comments included "We have regular staff" and "We have more or less delegated certain staff, I've got to know them quite well now" and "They haven't missed a visit."
- The provider's recruitment processes were robust. Pre employment checks had been carried out to ensure staff were suitable to work with vulnerable people. This included references, obtaining proof of staff identity, right to work in the UK and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information

helps employers make safer recruitment decisions.

#### Using medicines safely

- Staff told us, and records confirmed staff had been trained in administering medicines safely, and the provider checked staff competencies.
- People we spoke to confirmed they were supported to take their medicines on time. One person told us "Tablets they [Staff] help me with, I'm weary of taking lots of pills, I want to know what I'm taking so staff have to get geared up on it. Which they are."
- One relative said "Once when we were in the cinema room, an agency staff came on their hands and knees into the cinema room as to not disturb anyone or take [the person] away to do their meds, that's the kind of thing they do."

#### Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured people were protected by the prevention and control of infection as far as possible.
- People told us "COVID-19 was managed very well, it was difficult for them [people] each person living in their own apartment making their own decisions, they [staff] handled it well" and "They [staff] don't have to wear masks now, they do everything they can to help."
- Staff had attended infection control training and demonstrated they knew how to prevent the spread of infection.
- People we spoke to had no concerns about the use of PPE and commented staff wore PPE when required.

#### Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- The provider had a culture of wanting to get things right and to continuously improve and develop. The registered manager arranged team meetings to discuss any learning from incidents, or outcomes from recent audits.
- Staff were aware of their role and responsibility and confirmed they were kept updated if any incidents or changes occurred.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs were effectively assessed prior to care commencing. Plans were person centred and detailed people's choices and support needs required at each visit for staff to follow.
- We asked people and their relatives where appropriate if they were involved in the care planning process to ensure personalised plans were in place. People told us "I'm completely involved, every time I'm invited to go in and discuss with the service and [person] every time there's a change they update it and I'm involved or consulted."
- Care plans contained information about support required. Staff told us care records gave them enough information to understand people's needs and how to best support them.
- People using the service confirmed they were involved with their care plans, comments included "Yes it's in my flat, my support needs fluctuated and they updated it to reflect this to my wishes" and "Staff are forever writing in it [care plan folder] every time they visit, I do get asked, they [staff] always keep a check on you."

Staff support: induction, training, skills and experience

- Staff received an induction and completed mandatory training which records confirmed. This included shadowing other staff members to learn about people's care needs. Comments from staff included "I have received online training, and shadowing senior staff for medication administration, we do daily and weekly audits. Spot checks are completed to ensure competence in correct administration."
- People and their relatives had no concerns about staff training or ability. Comments included "They [staff] do their best, they are very successful, they are friendly and encouraging and all that sort of thing, completing things beyond the call of duty."
- Professionals working with the service told us where needed they provided additional training and support. Comments included "Having shown [staff] how to treat basic wounds and superficial injuries has allowed the care staff to step in out of the community nursing hours. Therefore, I know the residents will be well looked after when we are unable to assist."
- The registered manager monitored staff's working performance through competency assessments, supervision and observations of staff whilst working. This helped to promote staff's ongoing learning and development.

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

- People received effective support to ensure they had enough to eat and drink. People using the service commented "Staff make sure we have the right food and help us to prepare if necessary otherwise they prepare themselves" and "[Staff] always make sure we have enough cold drinks, and tea and coffee."

- Care plans detailed people's likes and dislikes. People using the service told us, "We tell them [staff] what we want, we suggest, that is something we do, and they support me to do that and we have a little chat."
- Staff gave examples of how they supported people with their nutrition. Staff we spoke to were aware of individuals' risks and support needs where concerning nutrition and hydration.

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

- The service had good working relationships with a range of external organisations such as people's GPs, district nurses and other health professionals.
- People we spoke to told us "They [staff] would help me to the GP if I needed" and "If you wanted help, you would have to tell them [staff]."
- Relatives said the service was proactive in ensuring health needs were identified. Comments included "They [staff] contacted social services and occupational therapists. [Person] used to go regularly to eye clinic, they would support her to go. Staff are very responsive, and they always ring me to say [person] is unwell, then we decide between us the next step."
- The service communicated with other services and professionals in order to support people to live healthier lives such as, the local authority, occupational therapists, and district nurses.
- One healthcare professional told us, "We have an excellent communication link, and they are exceedingly caring and reliable. The care and support they give to all their residents is beyond superb."

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support and this was clearly documented within care plans.
- Staff were knowledgeable about the MCA. They had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. A member of staff told us, "Limited capacity is someone who may need support and guidance from others when making choices or decisions for themselves, may involve family's support for us to support the person with their choices or decisions."
- People using the service told us "[Staff] support us, they help and guide us on anything we need" and "They [staff] support me to make my own decisions, if I didn't want my medicine they would ask me why, and we would have a discussion about it."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We asked people if they felt they were treated with kindness and compassion by staff. Responses included "We are all the time, any concern you only have to go and say, we have homeowner meetings where we can raise any concerns too" and "Oh lord yes! Too much so."
- People's records contained their life histories, likes and preferences which enabled staff to provide suitable care. Staff understood how people wished to be cared for and followed support plans by respecting each person's individual preferences and routines.
- One person using the service told us "You know you're going to be A okay, treated well, and that you're not going to be left to sit in the corner or frightened, self-confidence is so important. Staff help me to manage my feelings and comfort me."

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

- People told us, and records confirmed staff provided care in line with people's wishes and preferences. The provider ensured people using the service and, where appropriate, their relatives contributed to planning and developing their care and support plans.
- There was regular communication between management and staff. Staff and people using the service were encouraged to express their views. Any information gathered was used to amend individual care plans and improve care delivery.
- Staff we spoke to confirmed people were involved in making decisions about their care, including what people would like to eat or drink and what clothes to wear. Staff told us "To get to know the people I deliver care for I read the care plan of each individual, over time I have got to know the people I care for by talking to them and listening to their needs and wants and telling me about themselves."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated in a dignified manner and their privacy was respected. One person told us "I think we do [get treated with privacy and dignity] most of the time. That's something I would not put up with [staff taking away independence] with the best will in the world, you must trust the person that is looking after you."
- Relatives of those using the service told us "[Staff] will always try to persuade [person] to have a shower and if they don't want to, then they respect that and support [person] to wash instead, [person] is always involved in the decision."
- Information detailing people's support needs and ability was clearly detailed within each person's care plan. People told us staff knew what tasks each person could undertake
- The provider ensured staff maintained and respected people's right to privacy and confidentiality. Staff

shared information with other health and social care professionals when appropriate.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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 reflected people's health and social care needs, as well as their choices and preferences. People told us they were happy with the care and support they received.
- Staff told us they were kept updated when people's needs changed. One staff member said, "We get told on handover about any changes or/and via email."
- Care and support plan reviews and regular updates ensured staff were kept informed of people's needs and the support they required. This enabled staff to provide care appropriate to people's individual needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Documents were available in different formats if required, such as large print, and Easy Read. Easy read is a method of presenting written information to make it easier to understand for people with difficulty reading.

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

- Yourlife (Henley on Thames) is a domiciliary care service which provides the regulated activity of personal care, however, people receive this service within a complex of flats which does support activities. This is set up by the people living within the complex, but often facilitated by staff.
- We heard from people living at the service they were encouraged to attend activities to support them with social isolation and feel included within a community.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process which the registered manager monitored to identify any learning.
- People told us they knew how to raise concerns and who to speak to if they were unhappy with the service. Comments included "I've never had to make a complaint, but we have all the information about the procedure" and " Oh gosh yes [ I know how to raise a concern] I would [feel comfortable raising it and that it would get dealt with] but I haven't had to".

- People told us they would be happy to raise a complaint to staff and felt confident their concerns would be listened to.
- During the inspection care staff and those using the service were asked what if any improvements they would like to see implemented. People were very happy with the service and felt they could raise matters which would be dealt with swiftly and professionally.

#### End of life care and support

- The service was not supporting people who were on palliative or end of life care at the time of inspection. The registered manager said they would work alongside other health professionals if such care was needed and staff told us people's advanced wishes would be respected.
- Staff we spoke to told us "Good end of life care is all about being person centred, how the person wants to spend the time during end of life. This will be discussed prior to end of life (EOL). I've not personally experienced EOL care but have completed the learning on this."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was passionate about promoting a person centred, inclusive and empowering staff culture. They led by example and demonstrated an open and transparent approach.
- People, their relatives and staff spoke positively about the running of the service. Feedback about the service from people and their relatives was positive. Everyone we spoke with said the service was well managed. Comments included "I think it's excellent, I couldn't ask them to do more than they do, as an example, I usually nod off in the morning, and I've missed lunch, and they've woken me up and brought it up for me, they do try to make sure we attend" and "I think she's [registered manager] excellent. I think she gets there first if we have any issues" and "Oh yes absolutely, [registered manager] will help if the girls [staff] are not available she will come in and help."
- Staff enjoyed their roles and felt supported. Comments included "I feel very supported by my manager" and "She [registered manager] is wonderful, she's very inclusive, I can open up to her and make suggestions about the service which is taken on board."

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

- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- Systems were in place to monitor the service. Staff performance was routinely monitored, and regular audits were conducted to improve service delivery.
- The provider carried out quality audits covering all aspects of the service such as spot checks on staff, training completed, care delivery and health and safety. They used this information to monitor how the service was performing and to drive through any improvements.
- Staff had the information they needed to provide safe and effective care. Staff had access to detailed person-centred care plans to facilitate them providing care to people in the way they preferred.
- There was a clear staff structure in place and staff were aware of how to report concerns and understood the service's management structure.

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

- The registered manager had systems in place to regularly engage with people and their relatives. These included getting feedback in person and through questionnaires.
- People and their relatives confirmed they were involved within the service. Comments included "At the moment on Thursday the area manager comes, and we submit questions that we discuss in the meeting" and "I feel listened to completely, if I have a concern they are always very willing."
- Regular team meetings took place, these covered service user updates, practical updates about the service and wider improvements. Staff felt these were useful and their views were considered and acted upon. One member of staff told us "We have meetings monthly in person or via zoom. They are useful as we can discuss current issues, concerns or events, we are all given copies of the minutes and everyone is always listened to."
- Spot checks were carried out by the management team to ensure care was being delivered in line with people's assessed needs.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with health and social care organisations to ensure people received the care, support and treatment they required. People received input to their care delivery from a range of health and social care professionals and other agencies who worked closely with the service.
- Staff followed guidance provided by healthcare professionals such as GPs, district nurses and physiotherapists to support people with complex health needs, which was implemented into people's care plans.
- The registered manager and staff worked closely with other professionals to promote positive outcomes for people, examples of this were documented in people's care plans and emergency plans.