

## Yourlife Management Services Limited

# Your Life (Didcot)

### Inspection report

Williams Place, 170 Greenwood Way  
Great Western Park, Harwell  
Didcot  
Oxfordshire  
OX11 6GY

Date of inspection visit:  
24 July 2019

Date of publication:  
03 September 2019

Tel: 01235816295

Website: [www.yourlife.co.uk](http://www.yourlife.co.uk)

### 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 (Didcot) is a service which provides personal care and support to older people in their own homes. All of the people supported live in the same complex. The care service is based on site, as part of an assisted living environment. At the time of the inspection, five people used the service and they were referred to as 'homeowners'. This was the first inspection of the service.

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

People told us they felt safe with staff. There was a sufficient number of staff who had been recruited safely. People received their medicines safely and as prescribed. Risks to people's well-being were assessed, recorded and updated when people's circumstances changed. Staff ensured any lessons learnt were reflected to improve the service delivery.

People received support that met their needs and was in line with care plans and good practice. People were supported by staff who had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team. People were supported to meet their nutritional needs and maintain an enjoyable and healthy diet.

People were supported to have maximum choice and control of their lives and staff provided them with care 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 received caring and kind support. Staff respected people's dignity, privacy and confidentiality, and promoted their independence.

People and their relatives told us they knew how to complain. People were provided with their own copies of complaints policy. People were provided with access to assistive technologies.

The service was run by the registered manager who was supported by a team of committed staff. The provider's quality assurance processes were effective and there was a focus on continuous improvement. Where an area for improvement had been identified, a prompt action was taken to address it.

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 06/08/2018 and this is the first inspection.

### Why we inspected

This was a planned, routine inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was 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 well-led.

Details are in our well-Led findings below.

Good ●

# Your Life (Didcot)

## 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 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.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Notice of inspection

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

#### What we did before the inspection

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 also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

During the inspection, we looked at a range of documents including the provider's policies and procedures,

compliments the service had received, complaints raised with the service, and quality assurance reports. We looked at four people's care and medicines records. We looked at four staff records including recruitment information. We spoke with two people, three relatives, the registered manager, the area manager and two members of staff.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at internal audits and quality assurance records. We spoke with one person's relative on the phone.

# 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 for 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 and their relatives told us they felt safe. One person told us, "I feel safe". Another person's relative told us, "I am happy with all the care that he gets".
- People were cared for by staff who knew how to raise and report safeguarding concerns. A member of staff told us, "If I suspected any abuse, I would tell the manager. I would escalate it to the area manager if they didn't act on it".

Assessing risk, safety monitoring and management

- Risks to people were identified and plans were in place to guide staff on to how to support people to manage risks. These included risks associated with moving and handling, falls, continence and administration of medicines. There were systems in place to assess and record risks relating associated with people's environment.
- Accidents and incidents were recorded, and the registered manager regularly reviewed these to see if there were any common themes. Where patterns were identified, people were referred to appropriate healthcare professionals. For example, one person was referred to a falls clinic after experiencing a series of falls.

Staffing and recruitment

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- People were supported by a strong, committed staff team. Sufficient staff were deployed to meet people's needs. One person's relative told us, "We are grateful that we have a regular carer unless she is off sick or on holiday".

Using medicines safely

- Where assistance was required, medicines were managed safely by suitably trained and competent staff. Medicine administration records (MAR) charts were completed where staff supported people with medicines.
- People were assessed for the medicines support needed. This included a list of the medicines they were prescribed, how they took their medicines and any particular support needed.

Preventing and controlling infection

- Staff had access to personal protective clothing (PPE).
- Staff were trained in infection control. People and their relatives told us staff knew about infection control

and adhered to good practice. One person told us, "They wear gloves". Another person's relative told us, "She (staff) wears gloves and plastic aprons".

#### Learning lessons when things go wrong

- Staff told us they were encouraged to discuss any concerns and were supported to do so by the registered manager.
- The registered manager ensured they reflected on occurrences where a lesson could be learnt and the team used this as an opportunity to improve the experience for people.



# 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

- The service assessed people's support needs and preferences before they accessed the serv. People and their relatives were involved in the assessment process. This gave them input about how they wanted their care and support delivered and the person's preferences were taken into account.
- Assessments were unique to an individual and contained information and guidance specific to each person's needs and wishes. The service identified expected outcomes, and care and support were regularly reviewed in line with legislation and best practice.

Staff support: induction, training, skills and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. Staff were provided with on-going training to meet people's needs. They told us the training was effective and they felt supported. A member of staff told us, "I passed my probation, I was supported well with training, they offered help if required".
- New staff completed an induction programme, including on-line and face-to-face training, shadowing staff delivering care and competency checks before directly working with people.
- Staff were well supported in their roles and had regular one-to-one meetings with their line manager to discuss practice and raise issues.

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

- Where support with nutrition was assessed as part of people's care packages, dietary requirements and preferences were included in care plans. Where people were supported by their families with food and fluids, care plans detailed the level of support required and stated clearly who was responsible for the support.
- Staff were aware of people's needs and preferences in relation to what they liked to eat and drink.

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

- People received prompt and consistent support with their healthcare needs and were supported to be referred to appropriate healthcare professionals as required.
- Care records included details of GP's and other health professionals involved in people's care. They also included details of people's medical history and guidelines for staff on how to support people to manage their health.
- The majority of people had their family members living with them, so it was people's relatives that took on the roles of liaising with health staff. However, we saw that care staff co-operated effectively with health

professionals in line with people's needs to ensure a holistic approach was in place.

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

- People and their relatives told us staff respected their rights to make their own decisions. One person's relative told us, "(Staff) asks for consent before she starts washing him".
- Staff knew the principles of the MCA. A member of staff told us, "We always make sure that homeowners have their own choice and we respect this".

# 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

- People and relatives confirmed staff provided people with care in a considerate, caring way. One person said, "They are very nice and have a chat with me".
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs, were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks served and what foods they enjoyed.

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

- People and individuals close to them were actively involved in the assessment process and their views were taken into account when preparing care plans. One person's relative told us, "I am involved in his care review so that I know what is going on".
- Care plans contained people's views and preferences which helped to ensure that care was delivered in a way that met the individual needs of people using the service.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the privacy and dignity of each person. For example, staff closed people's doors before supporting them with personal care, and knocked before entering people's bedrooms.
- People told us staff promoted their independence. One person told us, "I try to be as independent as I can and when it is the change of bedding day, I will change my pillows and the carers do the rest of the bed linen".
- People told us they were treated with dignity and respect. One person's relative told us, "The staff are very respectful of people living here".
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons.

# 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

- People had individual care plans in place which reflected their current needs and specified the actions staff should take to support people meet their intended outcomes and goals.
- People's social interests, religious needs and preferred activities were documented. People's relatives told us that staff encouraged people to take part in events and to enjoy activities organised by the service. For example, people could participate in such activities as a film night and were provided with the opportunity to go to the theatre. They could also use other available services, such as foot care, massage and hairdresser.
- The service was responsive to people's needs. People were supported to use assistive technologies. We saw that people were encouraged to use such equipment such as fall detectors, flood detectors and movement detectors. Some people used SOS pendants to easily and quickly get help in case of an emergency. One person told us, "I wear a wrist band which I can press and the staff will come running. I know this happens as one day I pressed it to try it out and someone did come".

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.

- Where required, information was provided to people in a format that was accessible to them. For example, care plans were available in large print for people with poor eyesight. Staff told us they explained procedures to people to help them make informed decisions.

Improving care quality in response to complaints or concerns

- Records showed five complaints had been made since the service was registered. This was dealt with appropriately and in line with the provider's policy. We saw that many compliments had been received from people and from relatives whose loved ones had been cared for.
- People and their relatives knew how to make a complaint.
- There was a system to manage complaints and the provider's policy was available to people. We saw that people using the service were given written guidance on how to raise complaints with the service.

End of life care and support

- The service was not supporting people who were on palliative or end of life care. The registered manager said they would work alongside other health professionals if such care was needed in that area.

- Staff told us people's advanced wishes would be respected.

# 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

- People and most of their relatives told us that the service was well-led. One person told us, "[The registered manager] is very approachable". Another person's relative told us, "The office are very helpful. [The registered manager] had to call for the doctor for me one day as an emergency".
- Staff praised the management team. A member of staff told us, "I feel definitely supported by the management team. It is a very nice place to work".
- Feedback from staff and the registered manager showed that the culture was one of improving the lives of people who use the service.

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 provider met their responsibilities in relation to the duty of candour. The duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management and staffing structure. Staff were aware of their roles and responsibilities. The registered manager was supported by a deputy manager and an area manager.
- The provider had effective quality assurance systems in place. These included audits of care plans, medicine records, and health and safety records. Where issues were found, these were discussed with staff during regular team meetings.
- Staff were encouraged to consider taking on extra roles, for example, the role of a well-being champion. This was to promote people's well-being and to help staff with their career progression.

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

- The provider involved people in various ways. People and their relatives had opportunities to attend meetings and share any comments, opinions and suggestions via the open-door policy at any time.

- The provider regularly contacted people to obtain their opinion on the quality of the service provided to them. There were records of actions following the feedback that helped to improve people's satisfaction. However, there were no records of who was responsible for completing the actions and when the improvements should be made by.
- Staff were encouraged to attend staff meetings and to contribute to the meetings agenda.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support tailored to meet their individual needs.
- The registered manager ensured they kept their knowledge updated to ensure they worked in line with the good practice guidance.