

# Yourlife Management Services Limited

# Yourlife (Hunstanton)

## Inspection report

Eastland Grange  
16 Valentine Road  
Hunstanton  
PE36 5FA

Date of inspection visit:  
11 May 2021  
21 May 2021

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19 July 2021

### 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 (Hunstanton) operates an assisted living scheme in a purpose-built private development called Eastland Grange. This service is a domiciliary agency. It provides personal care to people living in their own flats. The development consists of 55 flats privately owned and occupied by older people who also share some communal areas and facilities, such as dining areas, lounges and gardens.

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 told us they felt safe at this service. Staff understood the action to take if they suspected harm or abuse. Staff felt clear in their job roles and had the necessary skills and training to support people safely.

People were assessed and care plans developed with their preferences and background captured, these documents were then reviewed alongside the person and their relatives where appropriate. People were supported in a manner of their choosing and at a time they requested.

The estates manager gave clear direction to the staff team and had a positive influence on the service.

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.

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 02 September 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the service registered with us.

### 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 ●

# Yourlife (Hunstanton)

## 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

This announced inspection was undertaken 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 specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. 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 extra care housing; this inspection looked at people's personal care and support service.

The service had an estates manager who had applied to become registered with the Care Quality Commission, prior to the inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or estates manager would be 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 reviewed information we had received about the service since registration. We sought feedback from the local authority and commissioners who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who use the service and two relatives about their experience of the care provided. We spoke with seven staff members including carers, duty manager, estates manager and the area support manager. We reviewed a range of records. This included three people's care records and one person's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection-

We 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 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

- The service had systems to help protect people from the risk of harm or abuse. Staff received training and were confident about how they would report any concerns both internally to the estates manager and externally to local safeguarding authorities.
- The estates manager reviewed any potential safeguarding's that were raised and investigated if lessons could be learnt to further improve the support offered to the people.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and staff were able to describe to us how they minimised these risks. Risk assessments and care plans were being updated prior to the inspection. The revised documents gave comprehensive detail and guidance to safely support the individual.
- Staff provided a 24 hour on call service to respond to individuals who used their pendant alarms when they needed assistance.
- Staff were trained to ensure people received support in the event of an emergency, such as a fire.

Staffing and recruitment

- The estate manager had identified shortfalls within the staffing levels and the relevant recruitment adverts had been placed. However, the rota was effectively managed to ensure staffing levels remained consistent by means of staff and management completing additional shifts where required. This ensured people's planned care visits were undertaken.
- Robust recruitment procedures were carried out prior to a staff member joining the team to ensure they were suitable to work in this type of service. Personnel files reviewed evidenced criminal record checks had been completed and satisfactory references had been sought.

Using medicines safely

- Staff received training to administer people's medication safely, in addition to observations and competency assessments being carried out by the management team.
- Medicine administration records (MAR's) were completed when medicines were administered, and regular audits occurred. This demonstrated people were supported with their medicines, where required.
- Staff were able to describe safe practice when administering medicines. A relative told us, "One of the dosset packs were wrong, staff picked up the error and corrected it and noticed the next week was wrong too."

Preventing and controlling infection

- The provider had appropriate procedures for infection prevention and control in place. This information

had been effectively shared with the staff team to ensure they worked safely at all times.

- Staff were clear on what Personal Protective Equipment (PPE) to wear and when to change it to maintain the safety of all people supported and themselves.

Learning lessons when things go wrong

- Where people supported had raised concerns the provider had worked in an open manner. Meeting with the individual and ensuring a full investigation was undertaken in relation to their concerns.
- The service had an action plan in place where they had identified their own areas for improvement, prior to the inspection, and how they would achieve their goals.

# 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 assessed prior to using the service. Regular reviews of the individuals support were then completed on an ongoing basis. Individuals were involved in moulding their own support in a manner they had chosen.
- People's relatives were positive about the support provided. One person's relative told us, "The care is excellent, my (family member) is 98, they love it here and couldn't be safer."

Staff support: induction, training, skills and experience

- Staff received supervision to help ensure that they had the knowledge and support to perform their job roles. Staff told us they felt clear in their job role and would speak to the management team for direction if they required it.
- Training had been completed by staff offering support including dementia awareness, food hygiene, infection control and first aid, to ensure staff had the relevant skills and understanding to safely support the people using the service.
- Staff meetings were being introduced by the estates manager. Daily handovers were taking place with staff to ensure all staff were updated on changing needs of the people. Newsletters had also been introduced to the staff team to give direction and guidance.

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

- People's dietary needs and any special requirements were identified in the person's care plan. Staff supporting people were familiar with their preferences and how to meet their nutritional needs safely.
- Staff supported people to eat in their own home and access the internal bistro. A family member told us, "The care is excellent, if (family member) doesn't go down for food (staff) will bring it up and as (family member) can't eat sandwiches they make soup especially."

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

- Staff and the management team worked well with external professionals for the benefit of people who used the service.
- Staff supported people with regular care visits in line with the person's preferences.
- Staff supported individuals to access health care professionals where this was requested or required for the person's wellbeing.

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 were at the centre of the support provided and were engaged in the assessment, review and ongoing stages of their support.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice.
- The provider had assessed the capacity of the people supported and ensured that their choices had been captured within their care plans. This ensured the person was supported in the manner they had chosen.

# 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

- Staff had a strong understanding of the people they supported. Staff spoke about people's support needs in a kind and sensitive manner.
- People and their relatives were positive about the support they received. We were told that the staff were kind and respectful.
- Care plans detailed people's spiritual beliefs to ensure staff were aware of their individual beliefs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in planning and structuring their care. Internal reviews were taking place where care plans were being amended based on people and their relatives feedback.
- Staff knew how to support people to promote their dignity and privacy. Staff told us they knocked on people's door before entering, and ask the person how they want to be supported on all visits.
- People's privacy was upheld from their neighbours. Staff ensured that all care documents and equipment relating to a person were stored securely within their home. This protected the privacy and dignity of the person at all times.

# 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 received care that was planned with them to meet their individual needs, likes, dislikes and preferences.
- People's care was adjusted in line with their own choices and preferences, for example, one person would request staff to visit at different times if they wanted to stay in bed longer the following day.
- The estates manager had begun to review care plans prior to our inspection. The level of detail being captured ensured the person's specific needs and preferences were clearly identified. Not all care plans had been reviewed at the time of the inspection but there was a clear plan to complete this process.

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.

- The estates manager confirmed that large font was used where this was required by individuals to assist them to read key information.
- Care plans detailed people's preferences in relation to communication to ensure their wishes were followed and staff were consistent in their approach.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints and compliments policy. People told us they knew who the manager was and could contact them if they needed to.
- People's relatives told us they know how to raise their concerns if they needed to. We were told by a relative they were, "Very confident (estates manager) would deal with any issues that arise".
- An ongoing concern is currently being investigated by the estates manager following a concern raised by a person supported. The person is aware this process is still on going and will receive a outcome once one has been established.

End of life care and support

- No one was currently receiving end of life support, although staff had received training in end of life support as a precaution.
- Advance care plan templates were available within people's care files where people's end of life decisions were recorded. Where people had declined to discuss this subject, this was reflected within the care plan.

# 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.

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

- The management team had a clear understanding about duty of Candour and demonstrated an open and honest practice.
- A new estates manager had joined the service and had applied to become the registered manager prior to the inspection. During the inspection they demonstrated a strong understanding of the role and clear expectations for the service.
- The area manager and estates manager had completed numerous audits. These audits had identified documents that required review and an internal action plan had been created prior to the inspection.

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

- The management team had a good understanding of their legal and ethical responsibilities towards the people they supported.
- Staff felt positive with the recent management changes. A staff member said, "I feel really proud to work here. (Estates manager) is really organised and making some really positive changes."
- The estates manager had encouraged feedback from the people supported. One person told us, "The new manager has said if there is the slightest problem to get in touch or ask one of the (staff) to get in touch."

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

- Staff, relatives and people supported gave positive feedback about the service. Clear communication had been given to the staff team in a variety of ways, such as meetings, communication book and documents for the staff to read and sign to acknowledge receipt.
- Surveys had not been sent to families of the people supported regularly, however this was an action already identified by the estates manager.
- The estate manager had introduced newsletters to the clients to update them on changes within the setting.

Continuous learning and improving care; Working in partnership with others

- The estates manager had created an action plan to develop and improve the service offered to those supported. Evidencing the management team had reviewed their own practices and processes and

identified ways to improve them.

- Feedback and suggestions given as part of the inspection process had been well received and appropriate action taken by the management team.
- The management team worked with other external professionals to achieve good outcomes for people.