

Yourlife Management Services Limited

# Your Life (Cheadle Hulme)

## 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:

Your Life (Cheadle Hulme) is a domiciliary care service which is located within a large, private housing development. People own their own apartments within the development and have access to communal areas such as a lounge, garden areas and a restaurant. Your Life (Cheadle Hulme) provides personal care to people within the development who need additional care and support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 13 people using this part of the service. In addition, the service provided some facilities management for the development, and their staff worked in the restaurant and provided cleaning services for the communal areas and in people's apartments.

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

The registered manager and staff demonstrated a commitment to providing person-centred, high quality care.

People's care documentation was detailed, person-centred and outcome-focussed. They included information on people's family, history, skills and interests.

People were supported by trained staff who knew them well.

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.

The safety and quality of the service was regularly monitored through a series of periodic checks and audits.

People told us they felt safe. Staff had a good understanding of how to safeguard people from abuse.

We received very positive feedback from people around the registered manager, staff and the care they received at the service. One person told us, "They're kind; absolutely every one of them are wonderful, they will do anything for me. It's just wonderful.

Overall rating at the last inspection: Good (published 21 December 2016).

Why we inspected: This was a planned inspection based on the previous rating.

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.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# Your Life (Cheadle Hulme)

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own private apartments. The service is registered to provide a service to older people and people living with dementia, a physical disability or sensory impairment.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 June 2019 and ended on 11 June 2019. We visited the office location on both days.

#### What we did before the inspection:

We used the information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us with key information; what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and three care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- Staff we spoke with demonstrated a good understanding of the signs of abuse and had a good knowledge of who to inform and what action to take if they had any concerns. Staff told us they felt assured the manager would act on any concerns if raised.
- People we spoke with told us they felt very safe.

Assessing risk, safety monitoring and management

- Individual risks to people using the service had been identified, assessed and risk management plans were in place, up-to-date and regularly reviewed.
- The registered manager had carried out 'ad-hoc' risk assessments for specific tasks or activities, such as walking to the shops. This meant staff had the information to keep people safe when carrying out care delivery. The service had utilised the Herbert Protocol for one person using the service. The Herbert Protocol is a document containing vital information about a person to be used by the police in the event of someone going missing.
- People had pendant alarms and intercoms to summon assistance. People told us staff responded quickly. One person told us, "I feel safe here with the pendant around my neck. I feel very safe."

Staffing and recruitment

- Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Suitable numbers of staff were on duty day and night to appropriately support people. Staff knew people well and several staff had worked at the service caring for the same people since the service opened five years ago.
- People told us staff responded very quickly to any requests for assistance. One person told us, "Night staff sit and have a chat; they don't just dash in and dash out."

Using medicines safely

- People received assistance with their medicines from trained and competent staff.
- Medication risk assessments were in place for people who were assisted and people who managed their own medicines. Clear definitions were in place for staff to know how to prompt or administer medicines.
- The registered manager carried out frequent audits of medication administration and we saw detailed

evidence of actions taken as a result of an identified error.

#### Preventing and controlling infection

- The service had an infection control policy in place and staff had received training in the safe management of infection control.
- Staff told us they were provided with appropriate personal, protective equipment (PPE) and we saw that staff wore them appropriately. People confirmed staff wore PPE when providing care, one person told us, "They always wear an apron and gloves; they wear them for everything."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, managed and actions taken to mitigate any future risks.
- A detailed falls protocol had been introduced by the registered manager to identify people who were at a specific risk of falls. This detailed how staff should manage this risk, log any incidents and what actions to take as a result. For example, checking the environment or making a referral to occupational therapy.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. This was because staff supervisions were not always in place. At this inspection this key question has now improved to 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;  
Supporting people to live healthier lives, access healthcare services and support

- Detailed pre-assessments had been carried out by the registered manager prior to anyone starting to receive care by the service. They had ensured they were able to provide the care the person needed before providing the service. Assessment information fed into care plans and captured people's specific preferences.
- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- Staff told us they received regular communication from the registered manager around people's current care needs. If anyone's care needs changed they were quickly informed.
- People were supported to manage their health needs. One person was supported to attend a hospital appointment during our inspection.

Staff support: induction, training, skills and experience

- People were supported by competent staff who had received up-to-date training and induction.
- A training matrix was in place to give managerial oversight of staff training requirements.
- The registered manager carried out regular competency checks, supervision and appraisal. Staff told us they felt well trained and very supported in their role. One staff member told us, "The manager's door is always open, they're easy to talk to and always here to support me."

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

- People had individual nutrition and hydration care plans in place. Some people had their meals prepared by staff, but at the time of our inspection no-one was receiving assistance to eat their meals. One person told us staff always prepared their meals exactly how they liked to have it.

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

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- People were supported to access their own GP and one person told us a staff member had escorted them to hospital when they became unwell.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Staff had received training in the MCA and demonstrated a good understanding of the need for consent when providing care and their responsibilities to support people with their decision making. Staff told us how they encouraged independence and always gave people choices when providing assistance. One staff member told us, "It's important to recognise that you are doing things for people that they would like to do for themselves."
- The registered manager was knowledgeable regarding the legal safeguards around consent. They demonstrated how they ensured people's representatives were able to make decisions on their behalf, for example, witnessing a power of attorney document. This was addressed in all care plans we reviewed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- An equality and diversity policy was in place and staff had up-to-date training. The registered manager told us they ensure everyone is treated equally and staff's understanding is checked at interview.
- The registered manager demonstrated a good understanding of the protected characteristics covered in the Equality Act 2010.
- People we spoke with told us they were supported and treated well by staff. One person told us, "The staff here are excellent cannot fault them nothing is too much trouble they're pleasant and helpful."
- Each person had been supported by staff to put together a hospital 'grab bag' so they had essentials of their choice ready in case of an unexpected visit to hospital.

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

- People had been involved in decisions about their own care and support delivery.
- We found people and their relatives had been fully involved in writing the care plans. These plans included clear details around how the person wanted to be supported.
- People were invited to service user (known at the service as a homeowner) meetings to discuss the service.
- Each person had been involved in deciding their care package and a timetable was given to people each week. This meant people knew what service they expect to receive each day, the name of the staff member who would be visiting and for how long.

Respecting and promoting people's privacy, dignity and independence

- We found people received a high level of care from staff who treated people with dignity and respect. One person told us, "They treat me with dignity and respect at all times." Another person told us, "They are caring, nice and pleasant and have a chat. Always polite and treat me in a dignified and respectful way."
- Staff were very respectful when talking about the people they care for. One staff member told us, "I enjoy my job...It's nice to get to know the homeowners; it's like a little family operation."
- Staff told us how they always promote people's independence by encouraging people to do things for themselves. They told us, "We involve them with washing; we don't do everything for them and take away their independence."
- People we spoke with confirmed staff encourage them to be as independent as possible. One person told us, "They help me to be independent."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Detailed care plans were person-centred and reflected the person's individual needs and preferences for their care. Sections in care plans included information around what is important to individuals and life history. People who used the service who were living with dementia also had a separate plan called 'This is Me'. This is a toolkit enable person-centred care to specifically address the person's dementia and how it affects them.
- Staff had undergone person-centred care training and one staff member told us, "I love being with the homeowners, spending time and learning their backgrounds; this helps us to provide the best possible care."

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 registered manager was aware of the Accessible Information Standard (AIS) and each person's specific communication needs were detailed in their care records. Currently, there was no-one using the service who required their information in this way.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People were given a service user information pack when they started to use the service. This pack contained information around how to make a complaint about the service and which other organisations could help if they were not satisfied. This information was also held in care documentation held in people's homes.
- We reviewed the complaints and comments file and found the service had not received any official complaints. What the service called 'niggles' were addressed in people's individual review forms and addressed informally.
- We saw the service had received many compliments about the care people had received.

End of life care and support

- The service had not supported someone at the end of their life. However, the registered manager told us they had plans in place to introduce advanced care plans for people who used the service. Advanced care plans will then help staff support people with their end of life choices and preferences.

- People had do not attempt cardio pulmonary resuscitation (DNACPR) in place. This is where people, their families and a health professional have identified where resuscitation would likely be unsuccessful, therefore, the person is not for resuscitation. Staff were aware of who required resuscitation or not and this was recorded in peoples care files.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 demonstrated their commitment to provide person-centred care by engaging with staff and people who use the service.
- We observed during the inspection positive and friendly relationships between people, staff and the registered manager. They had an open-door policy and we saw the registered manager placed high importance on the needs of people; they responded quickly to any queries people had.
- Care plan documentation was highly person-centred and focussed on positive outcomes for people.

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

- There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people know if something went wrong under their duty of candour.

Working in partnership with others

- The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service.
- Staff would support people to access their GP and accompany them to appointments or stay with the person during a visit if this was the person's choice.
- People were also encouraged and supported by staff to participate in the activities available within the building.

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

- The registered manager was knowledgeable around their regulatory requirements and wider legal requirements, such as health and safety. The service is part of a larger organisation and managers receive regular updates from head office on their legal and regulatory requirements. The registered manager was supported by their area manager and was part of a wider network of registered managers who supported each other and shared best practice.
- The previous CQC inspection rating was displayed at the service and on their website.
- Audit systems were in place to monitor and maintain a high standard of care for people.
- We found the registered manager and staff open, positive and committed to making a genuine difference

to the lives of the people using the service. One staff member told us, "I always read people's personal history so that I can relate to them; I always ensure I know what they like and don't like beforehand."

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager demonstrated a keen desire to continuously learn and develop the service. They told us of their aspirations for the service and welcomed suggestions from people and staff. They were passionate about inclusion and educating people about dementia. They had given talks at meetings at the service, put together a dementia group and resource packs for people to read.
- The registered manager welcomed the views of people and staff on the quality of the service. They held team meetings and each staff member had formal supervisions and appraisals. However, staff told us they felt very supported and could approach the manager at any time. Staff told us they felt very supported. One staff member said of the registered manager, "[Name] is up there with the best."
- The registered manager had actively sought the views of people using the service and staff through using feedback forms. We reviewed the results of this feedback and found people were very pleased with the service and staff were happy in their role. Feedback we received during the inspection was very positive about the service.