

Yourlife Management Services Limited

Yourlife (Chipping Norton)

Inspection report

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Date of inspection visit:
18 August 2021

Date of publication:
09 September 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 (Chipping Norton) is an extra care service, known as assisted living, providing personal care to two people (one person was in hospital at the time of this inspection). There are 58 flats within the building, most of these are privately owned.

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

Feedback we received from a relative and friend of a person using the service was positive. People benefitted from a caring staff team and were supported by regular staff which meant they experienced continuity of care. A relative confirmed if they were unhappy and had a complaint, they would talk with the manager, but had no concerns about the service.

People's needs were assessed prior to the commencement of the service. The assessment included people's health, physical and emotional needs. 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.

Staff received training that enabled them to perform well in their roles and told us they were supported, in particular since the new manager started just over a week before the inspection. The provider had procedures in place that guided staff how to escalate any safeguarding concerns.

Where people received support with taking their medicines, this had been carried out in line with good practice guidance. People were encouraged to meet their dietary and health care needs. The team worked with external professionals to ensure, when needed, people had access to healthcare services.

We looked at infection prevention and control measures under the Safe key question. We look at this even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. We had no concerns with infection control measures. Staff had access to personal protective equipment and communal areas of the building were cleaned on a regular basis.

There was a clear staffing structure and a new manager, who was awaiting their registration had been recently appointed. Regular audits took place on different aspects of the service to ensure people received a quality safe service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had been registered for over 12 months.

Follow up

We will continue to monitor information we receive about the service. 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?

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 responsive 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 (Chipping Norton)

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

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] [or] [rented] 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 did not have a manager registered with the Care Quality Commission. However, the new manager was in the process of applying to the Care Quality Commission to become the registered manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service three working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or the new manager would be in the office to support the inspection.

Inspection activity started on 13 August 2021 and ended on 18 August 2021. We visited the office location on 18 August 2021.

What we did before inspection

We reviewed information we had received about the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with one relative, the manager, the area manager and an estate manager for another service. We also met with two members of staff.

We reviewed a range of records. This included two people's care records and one person's medicine records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback via email from one staff member and one friend of a person who used the service.

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

- Feedback indicated that people were safe receiving support from the staff team. One relative said they were happy with the care the person received.
- The provider had a safeguarding policy in place and the management team were aware how to report safeguarding concerns. Staff knew what action to take if they had a safeguarding concern. One staff member told us, "I feel confident that if I had a safeguarding issue it would be dealt with (by management)."

Assessing risk, safety monitoring and management

- People's care records included individual risk assessments where people could be at risk. Examples of risk assessments we viewed included; medicines, environment and nutrition and hydration.
- Staff visited the same people regularly and they had a good understanding of people's needs and were able to identify and act on any changes promptly.
- Risks were reviewed on an ongoing basis and the manager was in the process of reviewing all care records to ensure they were up to date. They were also introducing workshops for the duty managers on writing risk assessments so that the duty managers had the skills to carry out this task effectively.

Staffing and recruitment

- The provider followed safe recruitment practices to ensure people were protected against the employment of unsuitable staff. Staff recruitment files we viewed contained the necessary checks and references.
- There were enough staff working to ensure people received continuity of care. There had been several months when the service was without a day to day manager (during this time the area manager and an estates manager supported staff). Now there was a new manager in post, they could monitor the service to ensure staffing levels continued to be at an appropriate level.

Using medicines safely

- One person was supported with medicines, which involved applying a prescribed cream. Records were in place to ensure staff knew where to apply the cream and to sign for this on a medicine administration record after each application.
- Staff received training in medicine management and their skills were monitored to ensure they carried out this task safely.

Learning lessons when things go wrong

- There was a system in place which had an overview of any accidents, incidents or near misses. These were

monitored for trends and patterns to prevent reoccurrence.

- The manager was keen to introduce a culture of reflective practice so that staff could look at areas they were confident in and identify where they needed to build on the skills they already had. This would then help with looking at where improvements need to be made in the staff team and service and learn from mistakes.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people in accordance with the current guidance.

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

- A relative was complimentary about the level of care provided to the person using the service. They confirmed, "I am happy with the care."
- People and their relatives, where appropriate, were involved in the assessment process. The assessment included recording people's physical, emotional and health needs which informed the staff team so a package of care could be arranged.

Staff support: induction, training, skills and experience

- Staff had effective training that equipped them with right skills to carry out their roles. The induction schedule demonstrated training relevant to people's needs.
- The manager was completing their own training in order to train staff on subjects relevant to the work they carried out. They were keen for staff to have additional specialist skills such as supporting people who wore compressed stockings and catheter care. This would help people be supported effectively as and when their needs changed.
- Staff had completed a dementia friends online course to gain more understanding about supporting people living with dementia. Other training courses staff confirmed, and we saw evidence of, was in equality and diversity, first aid and moving and handling.
- Staff were happy with the training, which during the COVID-19 pandemic was online. One staff member said, "I am happy with the training provided." They also told us, "the new manager is knowledgeable, approachable and they have already me given me supervision."

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

- People's care plans included details of people's preferences and needs if they required support with meals. The care records contained details of what staff should offer to people to ensure they ate and drank enough fluids.
- There was no-one at risk of malnutrition or dehydration at the time of the inspection.
- There was a restaurant on site for people and visitors to access and there was a choice of meals available to people daily.

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

- The manager confirmed the service had used trusted assessors to assess people whilst in hospital. These assessors carry out holistic assessments which can help people have a successful, sometimes quicker, discharge from hospital.

- There had been some involvement with an occupational therapist for one person, but most people did not have any health or social care professionals supporting them.
- The manager explained there was a book for recording when external professionals had visited people so that this could be checked to ensure people's needs were being met.

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's rights to make their own decisions were respected, staff were aware of and worked within the Act. No-one using the service had any restrictions and they could come and go as they wanted to.
- Staff were clear people had the right to make their own decisions about their daily life and take proportionate risks. There was information in the service about this Act and the manager was planning to hold a refresher meeting about this legislation.

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

- A relative confirmed they and the person who received the support were happy with the care that was provided. A friend of a person using the service, commented, "Many of the staff have been as helpful as they are allowed to be as this is not a care home."
- People could express their preference of who supported them, in particular whether this was a male or female staff member. One relative said this was not an issue and told us, "She had no objections to having male support."
- The provider operated the model that avoided short-timed, rushed visits. This meant staff were able to spend some quality time with people both during the visit to their flat but also if they were using the communal areas such as the dining area and lounge.

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

- People were independent who used the service and whilst only a small number of people currently required personal care support, everyone was encouraged to give their views on how they wanted to be supported.
- It was clear staff cared about the people using the service and knew their needs very well. Staff explained they always asked the person what they needed from the staff member so that they were able to choose how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff helped people do tasks for themselves (if they were able to). A relative confirmed staff did the agreed tasks and encouraged the person to do things as well.
- Staff described how they supported people. One staff member said they would knock before entering a person's flat and would close the curtains when providing personal care.

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's needs were reviewed to ensure their care plans were up to date. One staff member told us, "If there are any changes then the care plans are changed immediately to reflect this."
- Staff told us the team worked well together to ensure people were treated as individuals and their wishes and circumstances were taken into account when formulating the level of support needed.
- People could choose which provider offered them care and support, which did not have to be the main provider who was based within the building where the flats were. This gave people choice and control about who they wanted to help them with everyday tasks.

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.

- People's care records clearly noted their communication needs. For example, in one person's file there was a document noting the person wanted information given to them in writing and in English. For a second person the form noted the person was fine with having information in a usual size font.
- A person recently had an easy read device delivered to them, and staff helped them set this up so they could easily use it. For those people who forgot to look at the notice boards to see when events are taking place, they were encouraged to write these in their diaries, or staff reminded people of the events so that no-one was left out.
- The provider produced a magazine in a handy pocket size and larger print version for people with a visual impairment. The service also has a newsletter for people, and this could be printed in different sizes depending on people's needs.

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

- People were able to see their family and friends, something which had been limited during the COVID-19 pandemic.
- There were social meetings arranged for people to take part in, for example, a monthly meeting, so people could meet others, raise issues and share experiences.
- The manager was aware that some people might not feel comfortable in going out into the community, due to COVID-19. Therefore, they were in the process of arranging for a Christmas market to be based at the service for one day. This would help people buy items they would normally purchase in markets and shops.

- The manager was keen to offer new activities and so a seated yoga session was being arranged to see if this would suit people and their preferences and abilities.

Improving care quality in response to complaints or concerns

- A relative confirmed they would "Talk with the new manager if I had a complaint."
- There had been no complaints received since the service started operating. People were given a copy of the complaints policy and procedure when they first moved into their flats.

End of life care and support

- No people were receiving end of life support at the time of our inspection. End of life wishes are explored with people where they feel able to discuss this.
- Where required, the staff team would work closely with other professionals to ensure people had a dignified and pain free death.
- Staff receive end of life care training as part of the training they completed, so that they could learn how to appropriately support someone with their end of life care.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care: Working in partnership with others

- The service was well-led, the day to day running of the service was maintained by a daily duty manager and the new manager. The manager had recently started working in the service and they were in the process of registering as a manager with the Care Quality Commission.
- Some staff had worked in the service since it had opened and could describe their roles and what was expected of them.
- The provider had multiple and effective quality assurance systems. These included audits of daily records, medicine management records, care plans and risk assessments.
- The area manager visited to carry out their independent checks on different aspects of the service and where improvements needed to be made these would be recorded and assessed at the following visit to the service. Therefore, ensuring that the quality of the service was checked by a range of staff.
- Staff praised the support from the manager who had started working in the service just over a week before the inspection. One staff member told us, "The new manager seems experienced."
- The manager described throughout the inspection that they were keen to offer support and training to the staff team so that there was a culture of learning on a continuous basis. There were aware of where to find best practice guidance, for example, through accessing Skills for Care and the Social Care Institute for Excellence.
- The manager had sought out support from other managers from the provider's other services and was keen to share ideas and learn from them to offer a quality service at Yourlife (Chipping Norton).

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

- A friend of a person using the service said they were hopeful now there was a new manager in post that things would improve, (as they felt there could have been more things on offer for the person but acknowledged some of this was down to COVID-19 restrictions).
- Staff told us that although it had not been easy not having a day to day manager in charge for many months, they had all worked well together and were positive about working in the service. One staff member told us there was, "Always someone on the end of the phone" to give advice.
- The manager had lots of ideas on how they wanted the service to be run for the benefit of people using the service. They engaged well with the inspection, sent us information promptly when requested and was keen to share their vision of offering a caring quality service to people living in the flats.

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 manager was aware of their responsibilities in relation to duty of candour. They were open to feedback during the inspection and aware they needed to ensure any concerns and complaints had to be looked into and those involved told of the outcome of any investigation.
- 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 manager was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- The manager was waiting on the results from people about their views on the service and would be analysing the findings to see what was working well and where improvements could be made.
- Staff checked daily on everyone living in their flats regardless of whether they received personal care or not. This was to ensure everyone was ok and give them the chance to provide feedback about the service.
- Social events were arranged so that people, their relatives and friends could meet up and see staff and talk about the service. The restaurant was open to people living in their flats and their relatives and friends. This helped everyone feel a part of the service (if they wanted to be).
- Staff were part of a WhatsApp group for information sharing and providing informal support to each other.