

Yourlife Management Services Limited

YourLife (West Bridgford)

Inspection report

River View Court
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West Bridgford
Nottinghamshire
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Date of inspection visit:
04 February 2020

Date of publication:
24 February 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

YourLife (West Bridgford) is an Extra Care Housing scheme that provides personal care for people living in their own flat on one site. There were four people using the service at the time of the inspection.

People's experience of using this service:

People were kept safe from harm. Risks to their safety were assessed and acted on. There were enough staff in place to keep people safe. People's medicines were safely managed. Staff had received training on how to reduce the risk of the spread of infection. Processes were in place that ensured causes of accidents and incidents were investigated and measures put in place to reduce recurrence.

People's needs were assessed, and care records formed to guide staff on how to care for people. Current best practice guidance and legislation was not currently used to help inform care planning. Staff were well trained and experienced and understood how to care for people safely and effectively. People were supported to maintain a healthy and balanced diet. Some people received care from other agencies as well as this service. The two worked together to provide timely and consistent care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people well. They were kind, caring and respectful. People felt able to contribute to decisions about their care. Personal care provided in a dignified way. People's privacy was respected.

People's personal choices and preferences were always considered and acted on when care was provided. Care records were thorough and informed staff of people's preferred way for care to be provided. People were provided with opportunities to avoid social isolation by meeting others. People felt able to make a complaint and were confident their complaint would be acted on. End of life care was not currently provided, but staff would support people with this if required. More detailed care planning for this was planned soon.

Robust quality assurance processes and knowledgeable staff and registered manager meant people received a good standard of care and positive outcomes. The registered manager was aware of the risks to people's safety and always acted quickly to address them. People and staff all praised the approach of the registered manager, who they found friendly and welcoming. The registered manager had a good knowledge of their regulatory requirement to report concerns to the CQC. People's views were requested and acted on to aid the development and continued improvement of the service.

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

Rating at last inspection: The last rating for this service was Good. (Published 7 August 2017).

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 (West Bridgford)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

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 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection. The inspection was completed in one day.

What we did before the inspection

We reviewed information we have received about the service since the previous provider's last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection

We spoke with three people who used the service and one relative and asked them about the quality of the care they or their family member received. We also spoke with a member of the care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included all or parts of records relating to all four people who used the service. We also reviewed three staff files, training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

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 now remained the same. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The systems and processes and the actions of staff ensured that any risk of people experiencing neglect or abuse would be acted on quickly.
- People felt safe when staff cared for them in their flats. One person said, "I like living here. I feel safe here, I used to be scared of the dark a little, but it is nice having someone I can call."
- Staff were confident that the registered manager would act on any concerns immediately. This included reporting concerns to relevant authorities such as the CQC.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, regularly reviewed and care plans were amended if people's needs changed.
- People were encouraged to lead their lives in their own way without unnecessary restrictions imposed on them by staff.
- Assessments of the risks in people's flats had also been carried out. These highlighted amongst many others, the fire risks within each flat. Staff were informed how to reduce the risk to them and others when providing care in people's flats.

Staffing and recruitment

- There were enough qualified and experienced staff to provide people with safe care.
- People told us staff were always there when they needed them. People commented on the reassurance they felt knowing someone was there if there was an emergency, particularly at night.
- Recruitment procedures were robust. This helped to reduce the risk of people being cared for by inappropriate staff.

Using medicines safely

- People received their medicines safely.
- Some people could manage some or all their medicines themselves. When people received staff support they were happy they received their medicines in their preferred way. One person said, "I do my tablets myself, the staff cream my legs for me. I am happy with how they do my creams."
- Staff competency to administer medicines safely was regularly checked. This helped to ensure safe medicine practice. Records used to record when a person had taken or not taken their medicines were well completed and regularly reviewed to help identify any themes or trends that could affect a person's health.
- We did note where some people required cream to be administered 'when needed', protocols were not in place to direct staff what to look for when deciding to apply the cream. This is important to ensure

consistent use.

Preventing and controlling infection

- Staff had received training to help reduce the risk of the spread of infection in people's flats. When we visited people in their flats, we did not identify any infection control risk.

Learning lessons when things go wrong

- Accidents and incidents were investigated. After the inspection, the registered manager informed us they had implemented a process that enabled them to analyse any trends or themes which could affect people's health and safety.
- We noted one person's care records did not include reference of their latest fall. The registered manager amended this after the inspection.

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 Good. At this inspection this key question has now remained the same. 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 physical and mental health and social needs were assessed prior to them starting with the service. People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- Care records contained limited reference to current best practice standards and guidance when care plans were formed. After the inspection the registered manager sent us example where this had now been included.

Staff support: induction, training, skills and experience.

- People were cared for by staff who were well trained, experienced and had the skills needed to provide them with effective care.
- Staff had a good understanding of people's care needs. One person said, "There is a consistency of staff here, they know what [my family member] needs."
- Staff felt supported by the registered manager to carry out their role effectively. Staff were encouraged to complete externally recognised qualifications such as diplomas in adult social care to enhance their knowledge when caring for people.

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

- Where people needed support from staff with maintaining a balanced diet, this was provided effectively.
- People told us they were offered the opportunity to eat with others in the communal restaurant where they could purchase a three-course meal once a day. They were also offered the option of staff preparing meals for them in their flats. All people could eat independently of staff support.
- Care plans and risk assessments were in place to help staff to reduce the risks to people's nutritional health.

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

- People were supported to receive effective, timely care with other agencies where needed. This would occasionally include staff attending appointments with people if needed.
- Where other agencies were involved with people's care, care records were amended to ensure any guidance given by them was implemented by the care staff. This ensured people continued to receive consistent and timely care across several different agencies.

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 and we found they applied these principles effectively.

- All people cared for were able to make day to day decisions for themselves. This included how they would like to have their personal care provided. Where able, people signed their care records to indicate agreement with the content.
- Most had a relative who had the legal authority to make decisions on behalf of their family member. These decisions were in relation to people's long-term care needs. People's care records contained written consent for staff to defer some decisions to their appointed relative. This will help to ensure that people's rights are adhered to and respected.

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 now 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

- People were treated well by kind and caring staff.
- People praised the approach of staff. They welcomed their company and told us staff were kind, caring and took time to listen to and talk with them. One person said, "They are always nice to me, I look forward to seeing them."
- People's diverse needs were discussed with them during their initial assessment stage to determine if they had any specific requirements of the staff that supported them.
- People were provided with a copy of their 'rights' when they first started to use the service. This helped to explain what they should expect from staff and what to do if the care provided was not up to the standard expected.

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

- People were supported to contribute to decisions about their care. They were aware they had a care plan and had agreed to the content.
- People were able to make their own decisions and their views were recorded in their care records. People told us staff always respected their opinions and acted on them. One person said, "I haven't been very well recently, but the staff have looked after me well. They listen to what I say and take their time with me."
- Staff had a good understanding of people's care needs and the importance of providing care for people in their preferred way.
- Information about how people could access an independent advocate to assist with making decisions was provided.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much for themselves as possible. Where staff support was needed, this was done in a way that promoted the person's independence wherever possible.
- People's care records contained clear guidance for staff on how independent people were for certain tasks and what support was required from staff. This was particularly evident when personal care was being provided. People welcomed staff encouraging them to do more for themselves.
- People told us staff treated them with dignity and respect, especially during personal care. One person said, "They help me to have a shower when I want one. It's always very dignified and respectful."
- People's care records were treated appropriately to ensure confidentiality and compliance with data protection legislation.

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 now 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.

- People's needs were assessed prior to them starting to use the service. This was done to ensure that people's care needs could be met by staff. Once agreed detailed care plans were agreed with people.
- Care plans included people's likes, dislikes, choices and preferences. People told us care was provided considering their wishes. A relative said, "We signed the care plan and the care is given in accordance with this."
- Staff had a good understanding of people's daily routines and could explain, in detail, what level of care people needed and wanted.

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 supported to develop and maintain relationships with family and friends.
- People were encouraged to engage with others living in the building. Several events were in place for people to attend and to help build friendships with others. These included 'Knit and natter' and a 'Cards' club. People told us they liked these events, but also welcomed staff respecting their wish if they did not want to attend.

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 provider was aware of the AIS. They told us they had the option to provide information for people in different formats should they require it. This will include larger fonts on documents such as company policies and care plans.

Improving care quality in response to complaints or concerns

- Complaints were handled in accordance with the provider's complaints policy.
- People felt confident that if they made a complaint it would be acted on by staff and/or the registered manager. One person told us they had raised a concern about not having a consistent team of staff attending their calls. They told us this had been acted on and they had seen improvements.

End of life care and support

- Due to the characteristics of the people currently receiving support, end of life care was not currently

being provided by the care team. The registered manager acknowledged that more detailed care planning was needed and assured us they would hold discussions with people in the coming weeks.

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 now 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.

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

- The service was well-led by a registered manager who had a good understanding of their role. They complied with regulatory requirements such as informing the CQC of incidents when needed.
- Robust quality assurance processes, such as the daily reviewing of medicine administration records, meant the registered manager had a good understanding of the potential risks to people's safety.
- Staff had a good understanding of their role and how they contributed to the success of the service.

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

- People praised the positive culture of this service. All people spoken with would recommend this service to others.
- People told us since using the service they had experienced many positive outcomes. Two people told us this included the reassurance of having staff there when needed, but with staff still encouraging their independence.
- Staff provided care in line with the provider's aims and values. This ensured people consistently received good outcomes in relation to their health and safety.

Continuous learning and improving care

- The registered manager and the provider ensured systems were in place to help them and their staff to identify when mistakes occurred and to continually improve the standards of care.
- The area manager attended once a month and carried out checks in a specific area such as medicines or training. Action plans were then agreed with the registered manager to inform continued learning and improvement.
- Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

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

- People, relatives and staff felt encouraged to give their views about the service and how it could improve. All praised the approach of the registered manager and felt he always acted on issues they raised with him.
- A survey had been sent to people to give people the opportunity to formally comment on the quality of the service care provided. Action was taken to address any issues highlighted.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide care and support for all. This included professionals based at the location who provided people with a variety of support to regain their independence.