

Yourlife Management Services Limited

Yourlife (Amersham)

Inspection report

Chiltern Place
59 -61 The Broadway
Amersham
HP7 0HL

Tel: 01202362303
Website: www.yourlife.co.uk

Date of inspection visit:
12 May 2022

Date of publication:
27 May 2022

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 (Amersham) is an extra care service providing care to people in their own flats in one contained building. At the time of our inspection five people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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 were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

Each staff member had received an induction and training to enable them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the management to perform their role. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people and their relatives were involved in the reviews. People felt they were treated with kindness and said their privacy and dignity were always respected.

People, their relatives and staff spoke highly of the management; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the registered manager. There were systems to monitor, maintain and improve the quality 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 and update

This service was registered with us on 20 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of an unrated service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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 (Amersham)

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 12 May 2022. We visited the location's office on 12 May 2022.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with three people using the service, three people's relatives and the registered manager. We also spoke with a visiting healthcare professional. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for five people, staff training records, three staff recruitment files, quality assurance audits, complaints records, and records relating to the management of the service.

After the inspection

Following our visit to the office we continued to gather evidence and we contacted five care staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Their comments included: "I do feel [person] is very safe with the carers, they do everything to help us", "I do feel safe. I have a lovely apartment. I'm happy as a bug in a rug" and "They [staff] are very, very good and I feel very safe with them."
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "I'd report safeguarding concerns to my line manager."
- Systems were in place to safeguard people from harm and abuse. The manager told us that all safeguarding concerns would be recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The registered manager had completed risk assessments for every person and contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed.

Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. A member of staff told us, "Our staffing levels are adequate to support people's needs." We saw planned staffing levels were consistently maintained.
- People told us staff were punctual. One person said, "They should be here at about 9.45am and then 5.30pm and they are more or less on time. They send us a sheet each week listing [staff] who will be coming." People also told us they had never experienced a missed visit.

Using medicines safely

- People received their medicines as prescribed. Some people using the service managed their own medicines with the help of their relatives. One person told us, "Yes, they do help me with my tablets. They get them [medicine] for me off the top shelf so that I can't reach them and then they always write in the book."
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks

were conducted to ensure staff followed safe practice.

- Medicine records were accurate, consistently maintained and up to date.

Preventing and controlling infection

- People told us staff followed safe infection control practice. One person told us, "Everything's been done correctly during COVID. They all wore all the PPE."
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents, incidents.
- Learning was used to improve the service. For example, following a check on medicine records it was noted some people's records required PRN (as required medicine) protocols. We saw these had been put in place.

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 their care commencing in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs. One relative said, "They have given us good advice and used their experience in different areas to bring us information."
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, these were met. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. One relative told us, "The staff are very well trained."
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks and regular supervision. One staff member told us, "Yes, supervisions are completed regularly and the training I complete boosts confidence at work."
- Staff received ongoing training relevant to their roles, and specific to people's needs.

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

- People and their relatives told us how staff supported people to maintain a healthy diet. Their comments included; "It's good home cooking and there is a choice of two or three dishes", "They will also deliver food to us if we request it" and "The carers [staff] make my breakfast for me, and I can choose what I want and they always leave me with a hot drink."
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet.
- Care plans contained details about how to support people at meal-times. These listed details of what people preferred to eat and drink and how best to support them.

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

- The manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- The registered manager told us they had not worked on a regular basis with any external agencies but had made referrals as and when necessary.

- A visiting healthcare professional told us, "I receive prompt referrals, communication is very good. The staff are very good at following any advice I have provided and they keep me up to date with [people's] progress."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and their relatives confirmed that staff obtained consent for people's care and support.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us about the professional and friendly support they received from staff and the positive impact they have had on their lives. Their comments included; "They are all lovely [staff] and the relationship they have with my wife is superb. They chat with her and are so kind", "We are very fortunate, all the staff are kind and friendly and ask how we are and whether there is anything else we need" and "They have taken the time to get to know them [people] as individuals, as people rather than just as a job."
- Staff presented an insight into the importance of understanding and respecting people's backgrounds, their needs and listening to what was important to them. As a result, they knew how people wanted to be supported. One staff member said, "We are fortunate to have a happy, hardworking and dedicated team of staff as well as lovely residents, we know them well."

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- People and their relatives were asked for their views of the service regularly. For example, the registered manager regularly visited people or phoned and attended a weekly coffee morning event with them to obtain their views. One relative told us how they were involved in [person's] care. They said, "We discuss her care and they point out where they think she [person] may need extra help and then we all discuss it with [person]. The care has been adapted over time, but it's always discussed with [person]."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives. One relative spoke about how staff promoted the person's independence. They said, "It's the perfect place for [person] as she has always been so independent. A care home would have taken that independence away from her but here they support her to be as independent as she can and make her own choices."
- People and their relatives told us how staff promoted their privacy and dignity. One relative said, "They [staff] are very respectful towards my wife and myself. They make sure that she is comfortable whilst they wash or shower her. No, I have never heard them talk about anybody else, they are professional people."
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care. One staff member told us, "To promote respect and dignity I always ask for consent and show good manners."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- The service responded to people's needs. One relative told us, "They [people] each have a care plan yes. The care plans have been reviewed a few times as their needs have changed."
- People's care plans were personalised and regularly reviewed. There was evidence that people's relatives were invited to participate in care plan reviews with people and felt their opinions were considered.

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 and their relatives spoke with us about communication. One relative said, "[Person] is hard of hearing and has poor vision too and so having the same carer coming in is important to her and they have organised this."
- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. For example, large print, braille and foreign languages as required. People were also supported with eye and hearing tests.

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 maintain relationships that mattered to them, such as family and friendship. This promoted people's well-being and helped to prevent social isolation.
- Relatives told us how staff encouraged people to avoid isolation. Their comments included; "They [staff] issue a schedule of activities and help residents [people] organise trips such as to [High street shops] or to the coast and several times to the theatre" and "We have a weekly hairdresser in the fitness area and there is even pedicure and manicure going on there."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any complaints or concerns about the service. Information on how to complain was provided in a 'service user guide'.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- Systems were in place to record and investigate any complaints.

End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us the service was well-led. Their comments included; "The manager is brilliant. She is the one who came in to tell us you might be phoning. She is also the reason why all the staff are such lovely people because she only selects the best and she supports them, so they usually stay", "The manager is very good and if I had any concerns at all I would 100% go straight to her and I know that she would deal with it" and "[Registered manager] is an excellent manager, she is kind, patient and flexible."
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a very positive way and reflected on how they were managing the service and the improvements they wanted to make.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.
- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed, and their care was planned in a person-centred way.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "[Registered manager] trusts me to get on with my work but is totally approachable if I have queries or need her help. I was seriously unwell last year, and her amazing support and flexibility enabled me to keep working through all my treatment which is what I wanted to do." Another said, "[Registered manager] is a professional manager, very flexible and approachable all the time."

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 responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive

improvements. These included checks on risks to people, care plan reviews, spot checks and regular quality visits to people's homes. Action was taken to address any identified issues. For example, monitoring identified one person's care review had not been updated into the care plan. Action was taken and the care plan was updated.

- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- The manager had an open-door policy and people and their relatives were encouraged to express their opinions either in person or via the telephone. One person said, "They have a very good system. [Registered manager] is very approachable and has been so patient with me. I email her all the time and she is really good at replying and sorting anything out."
- Staff had a clear understanding of their roles and their day to day work was steered by the people they supported. Staff were continuously supported to develop their skills to ensure provision of better quality of care. One member of staff said, "We have regular staff meetings as well as a staff WhatsApp group and a diary to keep all staff up to date."
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- A visiting healthcare professional told us, "I have a lot of confidence in this service. They appear flexible and responsive to patients [people's] needs and we work well together. This is one of the nicer places I visit."