

Yourlife Management Services Limited

Yourlife (Chalfont St.Peter)

Inspection report

Rutherford House
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Gerrards Cross
Buckinghamshire
SL9 9FU

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Yourlife is a domiciliary care agency based at Rutherford House retirement village. Rutherford house accommodates people aged 70 and over. People live in self-contained apartments with access to domestic services such as cleaning, laundry and an on-site bistro. The service is run by Yourlife Management Services Limited, who run similar services across the country.

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. Yourlife offers personal care to people when the need arises. At the time of the inspection the service was providing personal care to two people.

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

People told us they felt safe and systems were in place to safeguard people. Some risks to them were identified and managed. However, some aspect of practice had not been risk managed and addressed, including Infection control risks.

People's health and nutritional needs were identified, and support provided if required. 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 however, the systems and records in the service did not always support this practice. We have made a recommendation to address this.

People had person centred care plans in place. They were involved in their care, progress and reviews. People's felt their communication needs were met but their communication was not identified in their assessments and plan of care. We have made a recommendation to address this to meet the accessible information standard.

People were supported by a service who had a registered manager who was accessible and available to them. Systems were in place to audit the service. However, actions from those audits were not always completed which impacted on record management. The registered manager and area manager had identified improvements were required and extra support was being put in place to enable improvements to be made in a timely manner.

The service was not administering people's medicine at the time of this inspection. Therefore, we were unable to assess medicine practices. However, systems were in place to ensure safe medicine practices were promoted.

People were supported by staff who were inducted, trained and supervised. Staff were suitably recruited, and sufficient staff were provided to meet individuals care package requirements. People's privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled

people to raise concerns about their care if they needed to.

People and their relatives told us they were happy with the care and support they received. They described staff as "Kind, caring wonderful and superb". One person described the care as flexible and the support they had been given had led to an increase in their mobility and independence. They were complimentary of individual staff members and the registered manager whom had encouraged them.

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 25/02/2019 and this is the first inspection.

Why we inspected

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

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a breach of Regulation in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

The service was not well-led.

Requires Improvement ●

Yourlife (Chalfont St.Peter)

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 provides personal care to people living in a retirement living complex, which is purpose-built accommodation on a shared site. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises and this inspection only looked at the personal care provided for people using the 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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. The provider was not 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.

During the inspection

We spoke with two people who used the service and their relatives about their experience of the care

provided. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including rotas, complaints and accident/ incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, training matrix and relevant policies and procedures.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management, Learning lessons when things go wrong and Preventing and controlling infection

- Some aspects of risks to people were identified and managed such as risks of falls and use of the shower. One person had a moving and handling risk assessment, whilst another person who required a moving and handling risk assessment did not have one.
- The risks around the management and self-administration of a person's medicine were not identified and mitigated. Alongside this the risks around a blood thinner medicine were not identified and considered.
- Systems were in place to record and report accident and incidents. Staff were clear of their responsibility to do that. People informed us of two recent accidents that had occurred, which for one person was recorded in their daily file but no accident report was completed. For the other person no record was maintained. The registered manager told us the person was not receiving the regulated activity of personal care at the time, however the organisations policy and procedure on accident and incidents indicated all accidents were to be recorded.
- One person had an environmental risk assessment in place in relation to potential risks in their apartment. For the other person this was not completed.
- The registered manager confirmed there was no system in place to enable them to evidence that they learnt lessons when things go wrong. Accident and incidents were reported to the organisation however, the registered manager had no overview of these to identify trends and prevent reoccurrence.
- The provider had infection control policies in place to prevent and control infections and clear instructions were provided to visitors and people around the Covid -19 virus. However, the service did not have an infection control risk assessment or audit in place to enable them to identify and mitigate infection control risks and monitor infection control practices.

We found no evidence that people had been harmed however, systems were not in place or robust enough to demonstrate safe care and treatment was consistently provided and risks were mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection and put systems in place to improve accident reporting and manage risks.

- The service had considered other risks in relation to their practices such as lone working, ironing and cooking.
- Staff were trained in infection control and they had access to and used disposable protective items, such

as gloves and aprons.

Using medicines safely

- The service had systems in place to promote safe medicine administration. The provider had a medicine administration policy in place and staff were trained and deemed competent to administer medicines.
 - At the time of the inspection staff were not administering medicines, with individuals or their family member taking on this role. Therefore, medicine administration records were not available to enable us to assess that medicines were given as prescribed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. Access to the building was secure and visitors to the service were required to sign in. People who required it were provided with pendants and each apartment had a call system.
- Staff were provided with safeguarding training and had access to safeguarding policies and procedures to enable them to safeguard people. Staff were clear of their responsibilities to report poor practice. Staff members commented "If I was informed of any potential abuse, I would take action. I would inform the manager, the local authority and if necessary, go to the area manager".
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the Commission. Records were maintained of the alerts made, outcome and actions taken.
- People told us they felt safe. When we asked a person if they felt safe. They commented "Very much so, someone here 24/7 and that is reassuring". Another person commented "I can use the call bell if I need help and staff come quickly". They went on to give us examples of when they required help and got it, which they felt grateful for.

Staffing and recruitment

- Systems were in place to ensure staff were suitably recruited. Staff completed an application form and attended for interview. Prior to a new member of staff commencing work, checks were carried out such as obtaining references from previous employers and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. Staff files did not contain a recent photo. The registered manager confirmed this was actioned after the inspection.
- Sufficient staff were available to provide a person-centred service to people. People had an agreed schedule of care calls which they confirmed was provided and maintained. There was also flexibility within the service to support people at other times, including any emergency calls and people were provided with the same staff where possible to promote continuity of care.
- A staff member was provided at night to further support the service and promote people's safety

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 as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection and were being met.

- Staff were trained in the Mental Capacity Act 2005 (MCA). During discussion with us they demonstrated a good understanding of the Act and how it related to the people they supported.
- People were actively encouraged to be involved in decisions about their care. The service had recently started providing care to a person and whilst it was deemed they had some capacity to make decisions on their care, assessments were still on going to enable them to decide if best interest decision meetings were required for more complex decisions in relation to medicine administration and the person's safety.

We recommend the provider seeks advice from a reputable source about best practice in relation to the implementation of the Mental Capacity Act 2005.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager confirmed people were assessed and their package of care agreed prior to staff providing the care and support. The registered manager advised a record of their assessment was recorded in a book and then from this care plans and risk assessments were developed. They confirmed they had assessed a person in hospital before they came to live to the service and satisfied themselves that they could meet the person's needs. The area manager informed us that the care plan template was also the assessment template although this was not clear.

- People's religious and cultural needs were identified, and staff were trained in equality, diversity and inclusion to enable them to support people's preferences and needs in line with the equality act.

Staff support: induction, training, skills and experience

- People were supported by staff who had been suitably trained and supported in their roles. New staff told us they worked alongside experienced staff in getting to know people and the support they required. They confirmed they were given an induction into various aspects of the service. However, records were not available on all staff files viewed to show that staff had received an induction and worked in a shadowing capacity.
- The provider's procedure on inductions and training indicated staff new to care would complete the care standards training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. The service had recruited staff with experience of care and the provider was aware that staff new to care needed to complete this training.
- Staff confirmed they felt suitably trained to do their job. They confirmed they had access to eLearning which a staff member described as "Really good". The training records viewed showed staff were trained in dementia awareness, fire safety, first aid, infection control, food hygiene, moving and handling and person-centred care.
- Staff told us they felt very well supported by the registered manager. A staff member commented "There are always opportunities to speak to the registered manager and get support and guidance". Staff told us they had one to one supervision and records showed staff had a 6-week review, interim probationary reviews, annual appraisals and one to one supervision meetings. Alongside this spot checks of staff practice took place

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

- People's care plans outlined their nutritional needs and the support if any required with meals and drinks preparation. People had facilities in their apartments to prepare and cook their own meals.
- People also had access to a bistro on site where a range of meals were available to people. The two people we spoke with told us they preferred to use the bistro for their lunch, and it enabled them to socialise with other people living in the scheme also.

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

- The service worked closely with the developer to ensure that people's apartments and equipment provided was safe and regular servicing took place.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans outlined if people took responsibility for their own health needs or if they required staff support. People accessed their GP's and attended health appointments independently or with relative's support. They followed up on relevant referrals and kept the service informed.

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 as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were trained in dignity in care to support them in their practice of caring for people.
- People told us staff were kind and caring. A person described one staff member as a "Gem". They went onto say what caring meant to them. They commented "A good carer see my problems as I see them and help me make the correct decision. [Staff members name] has the ability to do that. They put them self in my position and understand me". A relative commented "The staff are wonderful, superb and I could not ask for better".

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

- People were given information and support to make decisions on their care. Their decisions were respected.
- People were involved in their care plans and had signed them to say they agreed with them. They had regular reviews of their care which demonstrated changes in people's health, well-being and progress made.
- The service facilitated meetings for people. These were used to update them on aspects of the service such as maintenance issues, activities and potential risks and measures in place in relation to Covid -19 virus. Information relating to the service was on display on notice boards throughout the service and accessible to people.

Respecting and promoting people's privacy, dignity and independence

- People's care plans showed their independence was promoted in all aspects of their care and they were encouraged and enabled to do as much as they could for themselves. One person's independence had improved greatly since they had come to live at the service. They told us how staff and the registered manager had made that happen and they were now more mobile and able to do things for themselves like make drinks and prepare food. They commented "I have been able to get a lot of independence back." They were motivated for this to further improve.
- People told us staff respected their privacy and dignity. A relative stated "They always wait for me to say come in." Care plans outlined how staff accessed people's apartments and guidance was provided to remind staff to promote people's privacy and dignity around personal care and showering.

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 as good. This meant people's needs were met through good organisation and delivery.

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 unaware of the Accessible Information Standard. A copy of the providers Accessible Information standard guidance was provided after the inspection. This indicated that people's communication needs would be identified, recorded, flagged, shared and acted on.
- People's care plans made no reference to their communication needs and it was not established if people required aids, equipment or information in other formats to enable them to communicate effectively. For one person this could impact on their ability to contribute to decisions about their care. However, the service had only recently started providing care to that person and their needs and abilities were still being assessed.
- Key information such as the complaints procedure was not available in other formats such as easy read.

We recommend the provider seeks advice from a reputable source about best practice in relation to meeting the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which outlined how complaints were to be responded to. It provided people with the details of who to refer their complaint to if they remained dissatisfied with the providers handling of their complaint.
- The service had a complaints and compliments folder in place however, this was for all complaints/compliments received relating to the retirement village and not specifically for complaints relating to the people receiving the regulated activity. The registered manager agreed to separate those to make them more accessible.
- The service had received two complaints in respect of the regulated activity. These were addressed with the individual.
- People told us they felt able to raise concerns and complaints. A person commented "I feel able to raise concerns with anyone and the [registered managers name] is quick at resolving situations".

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

- People had care plans in place which outlined the time of the calls, length of the call and the support required. These showed regular reviews and progress of an individual. A revised updated care plan was in

the process of being implemented to take account of the changes and further promote the person's independence and involvement in their care.

- A person was positive about the care they had received. They described person centred care which was flexible and had a positive impact and outcome for them, in that they had started to regain skills and independence in undertaking tasks. They and their family member felt they had progressed greatly since being at the service.

End of life care and support

- At the time of the inspection the service was not supporting anyone on end of life care. A copy of an advance care plan decision was included in one person's care plan. The registered manager confirmed discussions would take place with family members as to the support required for individuals as the need arises

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 as requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had duty managers and care and support staff to support him in his role. A number of staff were new in role and they were still developing their skills and understanding of the job. As a result, the responsibilities of the day to management and monitoring of the service was the responsibility of the registered manager. Therefore, we found some aspects of monitoring and actions from audits were not completed and not all records were suitably maintained.
- Care plans and risk assessments were not kept updated and risk assessment documentation was not dated. All accident and incidents were not recorded or reported.
- The provider had systems in place to audit the service. Staff spot checks and audits of practice took place. The audit completed in January 2020 identified issues which we found in relation to information within care plans, lack of specific risk assessments, medicine practices and records. We found the required improvements had not been made. The registered manager and area manager were aware aspects of record keeping and the response to actions from audits needed to improve. They were looking at the registered managers work load and providing additional support to the registered manager to enable those shortfalls to be addressed in a more timely manner.

We recommend the provider works to best practice in relation to record management and ensuring good governance is effective to meet regulations.

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

- The registered manager's vision and values for the service was to keep people safe, enrich their lives and enable them to live independently.
- People told us the service was well managed. They described the registered manager as "Fantastic, wonderful, patient, level headed and always accessible." People commented "[Registered managers name] does a tough job", and "I feel reassured by him."
- Staff told us the service was well managed. They described the registered manager as "Accessible, approachable, easy to talk to and addresses issues". A staff member commented "[Registered managers name] is exceptional, he is just so hands on, has time for everybody, he is full of praise and he has definitely given me confidence. There is no hierarchy, and everyone is treated equally." and "[Registered managers name]" is very passionate about what he does and promoting people's independence. He is lively and keeps the place upbeat and fun whilst promoting amazing standards. I feel proud to work here."

- The registered manager had recently been nominated by homeowners for the estate managers award and many positive testimonies were provided by them to support the nomination.

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 provider had a duty of candour policy in place and the registered manager was aware of their responsibilities to be open and transparent when things went wrong and to follow this up with a letter of apology to the person. They advised they recognised from a recent incident that they had provided the person with a verbal apology but had not followed it up with a written apology. However, they were aware they need to do that in future.
- During the inspection the registered manager and staff team were open and honest during their discussions with us and they were receptive to feedback to enable them to further improve the service.

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

- Systems were in place to get feedback on the service provided. People were invited to give feedback at six weeks of moving into the service and then again at eight months. This feedback was used to improve the moving in process as well as address any issues of living within the service.
- People receiving the regulated activity personal care had regular reviews of their care and the service facilitated home owners' meetings which addressed issues relating to the building, staffing and was used to keep people updated and informed. People and their relatives told us they felt well informed.
- Team meetings took place, although not frequently. The registered manager had identified these were difficult due to staff working split shifts and the service having a small staff team. As a result, they had set up regular email updates with the staff team to keep them informed and promote communication within the team. Staff felt communication was good. They told us handover sheets and a communication book was in place to further enhance communication and promote team work.

Continuous learning and improving care

- The service had worked closely with a person and their family member to provide a flexible service which had led to improvements in the person's care and well-being.
- Staff felt they were constantly learning and developing to enable them to take on other tasks and responsibilities.

Working in partnership with others

- The service worked closely with staff, homeowners, their families and the developer to provide a quality service to people.
- They liaised with the Local Authorities when required and was getting themselves established in the local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe care and treatment was not consistently provided in that all aspects of risk were not suitably managed.