

Yourlife Management Services Limited

YourLife (Raynes Park)

Inspection report

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Date of inspection visit:
28 October 2022

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Yourlife Raynes Park is a domiciliary care agency providing personal and nursing care to people living in their own homes within Liberty House, an extra care housing service that also offers communal facilities for dining and activities. The service provides support for people over 70 years old. At the time of our inspection one person was receiving personal care at the service.

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

People received a safe service as staff knew how to identify, report and escalate suspected abuse. Systems and processes in place ensured that staff had sufficient knowledge of identified risks and how to mitigate them. There were adequate numbers of staff deployed to meet people's needs. People's medicines were managed in line with good practice. The service learned lessons when things went wrong.

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.

People received a service that was well-led. People and staff spoke positively about the registered manager. There was an open and transparent ethos amongst the staff team. People's views were regularly sought, and action taken to address issues identified. Systems and process in place ensured the registered manager had adequate oversight and monitoring of the service. The registered manager demonstrated a keenness to work in partnership with external agencies to drive improvements.

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 27 September 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

YourLife (Raynes Park)

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.

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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

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

Inspection activity started on 28 October 2022 and ended on 3 November 2022. We visited the location's office on 28 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person and one relative to gather their views. We spoke with four staff including care workers, the administrator and the registered manager. We reviewed one care plan and medicines administration records, risk assessments and other records relating to the management of the service. After the inspection we requested the registered manager send us other records to confirm our findings, this included policies, the training matrix and safeguarding records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to receive support from staff that could identify, respond to, report and escalate suspected abuse.
- One person told us, "I do feel safe [because] it's the feeling that you know there is someone [staff] here to make you feel safe." A relative said, "I do feel [my relative] is safe. I know care staff are within the building all the time and are able to respond if [my relative] is in difficulty."
- Staff were aware of the provider's safeguarding policy and received on-going safeguarding training. A staff member said, "I would take it further to the area manager if the registered manager didn't do anything with the concerns I had raised. I would be happy to whistleblow to CQC and the local authority safeguarding [team]."
- Records showed at the time of the inspection there were no safeguarding matters being investigated by the local authority.

Assessing risk, safety monitoring and management

- Systems in place ensured people received support from staff that understood the risks people faced.
- A relative commented, "I expect there are risk assessments [for my relative], I would be surprised if they didn't have one, but I haven't seen any."
- Risk assessments identified the hazard, people at risk, the likelihood of the risk occurring and severity. Risk assessments were comprehensive and gave staff clear and succinct guidance on how to mitigate identified risks through robust control measures.
- We reviewed the risk assessments in place and found these covered for example, medicines, nutrition and hydration, moving and handling, falls and skin integrity.
- Staff were aware of the importance of reporting any new and emerging risks to senior staff, to ensure the risk assessments could be updated to reflect people's changing needs.

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 MCA 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 Mental Capacity Act (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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff had a clear understanding of their role and responsibility under the MCA.

Staffing and recruitment

- People received support from sufficient numbers of suitable staff to keep them safe.
- One person told us, "The staff are always on time, they have never missed a visit. I usually have the same staff member unless there's sickness, it's always the same people."
- A relative said, "I think when the service is fully staff, it seems adequate. There has been a high level of staff turnover, but that is common after the [COVID-19] pandemic."
- Records showed staffing levels were flexible in responding to people's needs.
- The service had adequate recruitment systems in place to ensure only suitably vetted staff were employed.
- We reviewed three staff recruitment files and found these contained a completed application form with full employment and recruitment history, photographic identification, two references and a Disclosure and Barring Services Check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely and in line with good practice.
- One person told us, "The staff help me with one of the [medicines name], I have no concerns."
- A staff member said, "[I've] had medicines training, I'm confident to administer medicines."
- Records showed where required people had a medicines risk assessment setting out clear guidance on why the medicines had been prescribed and any contraindicators. People's care plans also documented the level of support people required to safely receive their medicines.
- Medicine Administration Records (MAR) had been completed with no gaps or omissions. MARs showed where people had not received their medicines, the reasons had been clearly recorded using the service's key codes.
- The registered manager carried out regular medicines audits to ensure any issues identified were done so swiftly, enabling any action and changes could be taken at the earliest opportunity.

Preventing and controlling infection

- The registered manager had arrangements in place for preventing and controlling infection.
- Staff confirmed they had access to personal protective equipment (PPE), namely masks, gloves and aprons.

Learning lessons when things go wrong

- People received support from a service that were proactive in their approach to learning lessons.
- The registered manager told us, and records confirmed frequent staff meetings and general discussions enabled the service to quickly identify and respond to issues should they arise.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 received support from a service that was well-led. People and staff spoke positively about the management of the service.
- Since the last inspection there had been a change in the management of the service. A staff member told us, "So far everything has been running really smoothly, [the registered manager] has had a positive impact. It has been a complete turnaround since the new manager arrived, the service users are happier and it's a positive place to be."
- A person said, "I think [the registered manager] is a very capable person but has an awful lot to cope with. She always listens to what you're saying and is never in a hurry." A relative commented, "My relative is generally happy with the way [the service] is managed, I'm very grateful that [the service name] look after my relative well."
- During the inspection we observed people speaking with the registered manager who was courteous and respectful in her approach to people and staff alike.
- The registered manager was keen to ensure the service sought positive outcomes for those living at Yourlife Raynes Park and this was evident through the positive atmosphere within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager operated adequate oversight and governance procedures to effectively monitor the service.
- Regular audits undertaken meant issues identified during the audits could be actioned swiftly minimising any negative impact on people using the service.
- Audits included, for example, medicines management, complaints, safeguarding, accidents and incidents and staff training.
- The registered manager was aware of their responsibilities and regulatory requirements in relation to notifying the Commission of reportable incidents.
- There was a clear management structure within the service with staff being aware of who they should report matters to.
- The registered manager had a clear understanding of their role and responsibility under the duty of candour.

- The registered manager told us, "We need to be honest and open and say I made a mistake and not hide it."

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

- People's views were sought to drive improvements through regular house meetings and questionnaires.
- The service sent people an annual questionnaire to complete that covered all aspects of the service provision. For example, staff, choices, dignity and respect, cleanliness of the building, staff skill and knowledge and care plans.
- One person told us, "I have some forms to complete about the care [I receive]. Sometimes staff will ask me in a passing conversation. We also have coffee morning meetings; they are very helpful as you get to see the minutes of things that have been said in the previous meeting. I do feel that action is taken if and when we [people living at the service] address things."
- A relative commented, "I could approach certain [staff] and they would be receptive [to my views]."
- We reviewed the completed questionnaire for one person and found they were satisfied with all aspects of the care provided.

Working in partnership with others; Continuous learning and improving care

- People received a service from a staff team that were keen to work in partnership with others to drive improvements and provide a good quality service.
- The registered manager told us, "We can't do it all on our own and there are [external] specialist organisations that we can liaise with, so that we can provide a holistic service to people."
- Records showed where required the registered manager sought partnership working with external services, to share information and seek positive outcomes for people living at Yourlife Raynes Park.
- Outcomes from audits ensured the service strove for continuous learning and improving.