

Yourlife Management Services Limited

YourLife (Northampton)

Inspection report

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Date of inspection visit:
11 April 2022
21 April 2022
27 April 2022

Date of publication:
25 May 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

YourLife (Northampton) is a domiciliary care service providing personal care to people living in their own apartments. The service provides support to older people and people with dementia, physical disability and sensory impairment. At the time of our inspection there were five people using the service.

People using the service lived in their own apartments within a shared building. There was a communal lounge, games room and dining room available for people who wished to use them and meals could be provided on site.

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

The provider's quality monitoring systems were not always followed and manager audits had not consistently identified gaps or inconsistency in record keeping.

There was no registered manager in place at the time of the inspection, a manager had been recruited who was planning to register with the Care Quality Commission.

Systems and processes protected people from the risk of abuse. People felt safe with staff and had developed positive relationships. Staff were confident in recognising the signs of abuse and how to report it.

Risk assessments were completed and updated regularly. Measures were in place to mitigate risks and staff told us these reflected people's current needs. Positive risk taking was supported.

There were enough staff in place to meet people's needs and preferences. Recruitment checks took place to ensure staff suitability for the role.

Staff felt well supported and received regular supervision and skills monitoring.

Medicines were managed safely by trained and competent staff who supported people's independence in this area as much as possible.

People were protected from the risk of infection. The provider had ensured the latest government guidance was communicated with staff and followed.

Accidents and incidents were managed safely. Staff were trained in how to manage an accident or incident, they were appropriately recorded, monitored and action taken to prevent reoccurrence.

People's feedback was sought and listened to. People were supported to be actively involved and engaged in their care and the local community. People's independence and choice was supported.

The provider and management team worked with other health and care professionals where required, to ensure good outcomes for people.

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 requires improvement (published 11 December 2019)

Why we inspected This inspection was prompted by a review of the information we held about this service.

We had concerns in relation to the safety and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for YourLife (Northampton) on our website at www.cqc.org.uk.

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?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

YourLife (Northampton)

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. 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 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 no registered manager in post.

Notice of inspection

This inspection was announced on the morning of the inspection. This was because it is a small service and we needed to be sure that the provider or a manager would be in the office to support the inspection.

Inspection activity started on 11 April 2022 and ended on 27 April 2022. We visited the location's office on 11 April 2022.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 10 February 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection and 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 three people who used the service about their experience of the care provided. We spoke with five members of staff including the manager, regional manager and three care workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Staff were trained and demonstrated good knowledge in recognising and reporting abuse. The provider displayed contact information to support staff with reporting concerns should they not feel comfortable reporting within the service.
- People told us they felt safe. One person spoke with us about how nice the staff were. Another person told us they felt safe with staff.

Assessing risk, safety monitoring and management

- Individualised risk assessments had been completed and were reviewed regularly with the person's involvement. There was clear guidance for staff on how to mitigate risk.
- There was evidence of positive risk being supported which promoted independence as much as possible. For example, people were encouraged to remain independently mobile and use all the facilities available to them throughout the building. Alarms were provided worn as neck or wrist pendants. When activated in an emergency, on site staff would attend immediately to support. Staff understood that people lived independent lives and their daily movements around the building and in the community were not monitored.

Staffing and recruitment

- Staff were mostly recruited safely. The provider had a system and process to ensure only suitable people were employed. However, we found some short unexplained gaps in staff work history, there was no evidence this had impacted on people's safety. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff available to meet people's needs. People and staff told us that there were no missed calls and people's calls took place at their preferred time, records supported this. People told us that on the rare occasion where a staff member was delayed due to an emergency, they were informed and attended to as soon as possible.

Using medicines safely

- Medicines were managed safely. Staff were trained, knowledgeable and received regular competency checks in supporting people safely with medicines.

- Where people had timed medicines, these were given as prescribed. People told us that staff supported independence with medicines as much as possible. One person said, "Staff get my tablets ready in the mornings and tell me what they are and remind me it's important to take them, but then I take them myself."

Preventing and controlling infection

- Systems and processes protected people from the risk of infection. The provider ensured a regular supply of PPE was available and staff were using this as per the current government guidance. People told us that staff wore PPE while supporting them. Hand sanitisers were readily available for staff and visitors.
- Staff were tested for COVID-19 in line with current guidance and the provider had a contingency plan for outbreaks. Staff told us they received regular updates from the provider on changes to government guidance regarding COVID-19 either via a handover or posters in the staffroom.

Learning lessons when things go wrong

- Accidents and incidents were recorded and the management team monitored for trends and patterns. Where required we saw people were supported to access other services such as occupational therapists and measures were put in place to prevent future accidents or incidents.

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 requires improvement. At this inspection the rating has remained 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 provider did not have a registered manager in post at the time of the inspection. A newly appointed manager was in post who told us they planned to apply to register with the care quality commission soon. They were in the process of induction which they advised was thorough and the provider had been very supportive.
- In the absence of a registered manager an area manager was available at the service to maintain oversight. However, we found the monthly quality monitoring checks of the service had not consistently taken place. In the absence of a registered manager regular audits were completed by deputy managers, this process had not always identified gaps or inconsistencies in record keeping. We found no evidence of impact on people's experience of care. We discussed our findings with the new manager who understood the importance of accurate record keeping and advised of their expectations going forward. Improvements would need to be embedded in practice.
- Staff received regular supervision, spot checks and competency checks to ensure their skills and knowledge were current and met people's needs.
- Policies and procedures were available for staff guidance. They contained clear and concise information, were reviewed regularly and guided staff to further policy if needed.

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

- Care plans were person centred and contained detailed guidance for staff, which included likes, dislikes, preferences, religion and culture. People were actively involved in planning their care, regular reviews and consent to care was recorded. One person told us, "Staff are nice, they do things how I like it."
- Peoples independence was well supported, people told us that staff supported them to do as much as they could for themselves. Records evidenced that staff supported independence as per the agreed care plans.

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 good understanding of duty of candour and was open and transparent with people and their families. A duty of candour policy and procedure was in place for staff guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff told us they enjoyed their role and felt there was a positive culture in the service. Staff attended regular meetings and told us they felt confident to share ideas and that they were listened to. Staff spoke positively of the new manager. One staff member said, "[Manager] is doing incredibly well, is a good communicator, we can talk to him and tell he's listening."
- The provider supported continuous professional development. Staff were encouraged to keep a professional portfolio. There was evidence of internal promotions for some staff to more senior roles.
- People in the service were invited to give regular feedback and there was evidence that this was listened to and acted upon, such as suggestions around food and activities.
- Where people needed support with their memory there was a plan in place to support them to remain engaged and involved. For example, one person was reminded by staff about certain social activities as per their request. This meant the risk of loneliness or social isolation was mitigated and they remained an active member of the community.

Working in partnership with others;

- There was evidence of partnership working with other professionals such as GPs, and emergency services where required.