

Yourlife Management Services Limited

YourLife (Chippenham)

Inspection report

Bowles Court
Westmead Lane
Chippenham
Wiltshire
SN15 3GU

Tel: 01823448150

Date of inspection visit:
24 February 2020

Date of publication:
19 March 2020

Ratings

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

Summary of findings

Overall summary

About the service

YourLife (Chippenham) is a domiciliary care service that provides personal care and support to people living in Bowles Court and Waterford Court. The service supported eleven people at the time of the inspection.

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

There were enough staff to support people safety. Risk was appropriately managed and balanced with people's independence. Staff were aware of their responsibility to identify and report potential abuse. Systems were in place to promote infection control and prevention. Medicines were safely managed. Staff received training and had their competency assessed before administering medicines.

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 were able to have support with meal preparation as part of their care package. There was a restaurant within the complex which people could use. People had access to health care provision although generally made their own appointments when needed. Staff received a range of training to help them do their job effectively. Staff felt supported and received one-to-one meetings with their line manager to discuss their performance.

People were treated with kindness and respect. There were friendly interactions and staff spoke of people fondly, with compassion. People were encouraged to give their views about their care and support. Their rights to privacy, dignity and independence were promoted.

People received a person-centred service, which was responsive to their needs. Each person had a detailed care and support plan, which reflected their needs and preferences. People were involved in the development and review of their support. Social activities were arranged to promote companionship and inclusion. People knew how to raise a concern and formal procedures were in place to manage any formal complaints.

People benefitted from a strong culture which promoted independent living. There were a range of audits to assess the quality and safety of the service. People were encouraged to provide feedback about the support they received. There was a commitment to continually improve the service and regular networking took place.

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 1 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

YourLife (Chippenham)

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats within Bowles Court and Waterford Place.

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 a short period 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 20 February 2020 and ended on 24 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, a duty manager and care workers.

We reviewed a range of records. This included two people's care records and 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to support people safely. People and staff confirmed this. One person told us, "I always know the staff who come to me. They never seem short of staff." A staff member said, "I think we're well staffed. We have a good team and work well together."
- The staff team consisted of four duty managers and six care staff. The registered manager told us they were fully staffed although advertising for a relief member of staff, to enable additional flexibility. They told us, "We're very lucky at the moment. We're in a good position."
- Robust recruitment procedures were in place. This included gaining information about the applicant's identity, health and work performance. Disclosure and barring service (DBS) checks were completed. These help providers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to identify and report a suspicion of abuse. They said they would inform the registered manager if they had concerns about a person's safety.
- Records showed staff had completed training in safeguarding adults. Written guidance about safeguarding was displayed in the staff room for reference.
- People told us they felt safe. One person said, "That's the beauty of being here. I have this alarm and staff would be here in a minute if I needed them."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified, and measures were in place to minimise these. This included risks associated with people's mobility and hydration.
- The registered manager told us identified risks would be discussed with the person and balanced with their right to independence. They said health care professionals, including the falls clinic, would be contacted for advice where needed.
- People received a reliable service, which minimised the risk of their support being missed. Each person had a welfare visit, if they had not been seen by staff during the day.

Using medicines safely

- People's medicines were safely managed. Staff had undertaken training and their competency was assessed before they administered people's medicines. Safety with medicines had been discussed during staff meetings.
- Information about the support people needed with their medicines was detailed in their care and support

plan. This included any identified risks.

- Staff had appropriately completed the medicine administration records (MAR) to show the medicines that had been given. Information showed if people had declined to take any of their medicines.

Preventing and controlling infection

- Staff received infection control training and had access to disposable protective clothing as needed.
- Infection control was assessed as part of the observational checks of staff, to ensure procedures were followed in practice.
- People told us they were happy with the support they received to keep their apartment clean. They said staff were always clean and well presented. One person told us, "They are always perfectly turned out, very smart in their uniforms."

Learning lessons when things go wrong

- Accidents or incidents were documented and reflected upon to minimise further occurrences. This included any falls.
- Emergency procedures were put in place, as required and then reviewed. This included a recent protocol regarding flooding.
- The registered manager told us there was a desire to improve the service in response to any failings. They said shortfalls were shared between services within the organisation, to aid learning and minimise recurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us staff were competent and sufficiently trained. One person told us, "They're great. I think they get a lot of training. They know what they're doing."
- There was a range of training, which was deemed mandatory by the provider. Records showed such topics included dementia, professional boundaries and first aid.
- Staff were happy with their training and explained the benefits of the electronic training system they used. As a suggestion, they said more face to face training sessions would help engagement and understanding. The registered manager told us they had raised this with senior managers.
- Staff felt well supported. They received informal support and had meetings with their line manager to discuss their performance. Regular staff meetings were held.

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

- People were fully assessed before being offered a service. The registered manager told us they only accepted care packages they knew they would be able to safely manage.
- People's support was regularly assessed to ensure it continued to meet their needs.

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

- People received support with meal preparation, as part of their care package, if required. Some people used the restaurant within the complex or had meals delivered to them.
- Information about nutrition and hydration was stated within people's support plans.
- The registered manager told us any concerns about people declining food or losing weight would be appropriately reported and monitored. At the time of the inspection, no one was causing concern.

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

- The registered manager told us people, or their family generally made any required health care appointments. They said staff would call for medical assistance in an emergency.
- Staff knew people well and were able to identify sign of ill health. The registered manager confirmed this and said people's relatives were informed of any concerns if needed.
- The registered manager told us additional visits could be undertaken if a person was unwell.

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 had capacity and were able to consent to all aspects of their support. They told us staff asked for their permission before undertaking any intervention.
- Records showed staff respected people's wishes. This included returning to a person later, if they declined support with their personal care.
- MCA formed part of the provider's mandatory staff training programme. Records showed staff had completed this training.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Systems were in place to ensure staff treated people with respect and kindness. Staff completed equality, diversity and inclusion training and there were observational checks of staff practice.
- Staff spoke to people in a kind and respectful manner. One staff member complimented a person by saying, "You look very smart [name of person]. Are you going somewhere nice?"
- The registered manager and staff showed empathy, when speaking of people. This included discussing ways they might help a person who had been recently bereaved. During the inspection, a relative informed staff of their family member's condition in hospital. The registered manager told them, "I'm really sorry to hear that."
- People were complimentary about the staff. One person told us, "They show nothing but kindness. They're all lovely. I can't fault them."

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

- People told us they were fully involved in making decisions about their care and support. One person said, "They always do everything we ask of them, without question. It's up to us what they do."
- People were involved in reviewing their support. This included a formal review every six months or more often if needed. The registered manager told us, "If they want their care to be amended, we can do it straight away."
- Systems were in place to enable people to give their views about the service. This included a committee, weekly coffee mornings and the completion of surveys.

Respecting and promoting people's privacy, dignity and independence

- People told us their rights to privacy, dignity and independence were promoted. One person told us, "Undressing in front of someone is something I didn't think I could do but their sensitivity and kind approach has enabled me to do this and get the help I need."
- Staff asked people if they were happy to meet with us. They accompanied us to meet the person. The staff member rang the person's door bell and called out when entering. They took their shoes off and introduced us politely. People told us this was usual practice.
- Records showed Dignity in Care training formed part of the staff training programme.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received a responsive service, which met their needs. The registered manager told us a care package could be increased or decreased, dependent on what was needed. They said care packages were often started following a hospital discharge, then reduced as the person's health increased.
- People told us their care and support had been arranged at a time, which was convenient to them. They said staff were reliable and knew them well. This enabled familiarity and a clear awareness of people's needs and preferences.
- People had a detailed care plan which reflected the support they required. Each person had a copy of their care plan, which they helped develop.
- People were happy with their support. One person told us, "[Staff] really bond with us. I look forward to seeing them." Another person said, "I wouldn't want to do without them. They've really helped me. I think they're marvellous."

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 were given information in a way they could understand. The registered manager told us this included using large font within written information, if required.
- People's communication needs were detailed in their support plan.
- People told us staff were well spoken and communicated with them well. One person told us staff always made sure their hearing aid was in properly, and in good working order.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. The registered manager told us there was a commitment to enable people to remain at Bowles Court for this type of care if possible, as it was their home.
- Each person would be individually reviewed, if end of life care was required. The registered manager told us they had recently deployed waking night staff, to support relatives who were caring for their family member.
- One person told us staff were supporting them to attend a person's funeral. They said the wake was being held at Bowles Court. The registered manager confirmed this and said relatives often arranged wakes at the service.

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 told us companionship had been developed through meeting others in the restaurant at mealtimes. One person told us, "If you return after not being well, people and the staff will always ask how you are. They notice you're not there, which is heart-warming really."
- Social events were organised to promote relationships and minimise isolation. This included special meals, parties and entertainers. Communion was arranged for people to attend if desired.
- The registered manager told us people had developed friendships and often went out, or on holiday together.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or make a formal complaint. One person told us, "If we were unhappy, we wouldn't need to make it formal, we'd just say. It would be dealt with and that would be it."
- People had a copy of the complaint procedure within their care plan. They were encouraged to raise any concern, so it could be easily resolved, without escalation.
- The registered manager told us there had not been any formal complaints in the last 12 months. Robust procedures were in place to follow if required.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, the range of audits to check the safety and quality of the service were limited and not well organised. At this inspection, improvements had been made. The provider had devised a new auditing system, which was in the process of being worked through. Senior managers had undertaken their own audits and action plans were being addressed. However, the auditing records could not be easily cross referenced to the identified action points. The registered manager told us they would discuss the formats with their line manager.

- There was information about our regulations, on the notice boards in the staff room. The registered manager told us this enabled staff to understand their responsibilities and take ownership of their work.
- People and staff were complimentary about the leadership and management of the service. One person told us, "From my point of view, I think everything is well organised. Everything works like clockwork and there are never any hiccups."

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

- There was a strong culture of promoting independent living. This was adopted throughout the staff team. One person confirmed this and told us, "They just help me with those things I can't do like washing my back. They let me be independent with everything else, but I could increase my package as time goes on."
- The registered manager told us they had a good staff team, who were all "singing from the same hymn sheet." They described different members of staff as, "golden" and "a diamond".

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; Continuous learning and improving care

- The registered manager understood their responsibilities regarding the duty of candour. They said they recognised everyone was human and things could go wrong. They told us they were "open and transparent" and felt it was important to, "hold your hands up, say you're sorry and put things right."
- The registered manager knew of their responsibilities to report any accidents, incidents, allegations or poor practice. At the time of the inspection, there had not been any such incidents.
- There was a commitment to provide people with the best possible service. The registered manager told us they always aimed to ensure this was "five star."

Working in partnership with others

- The registered manager was supported by senior managers and others within the organisation. There were regular manager meetings, which enabled support and good practice to be shared.
- Relationships had been built with visiting health and social care professionals, such as GPs and community nurses.

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

- People told us there were systems in place for them to give their views. This included calling in to see the registered manager or contributing to committee meetings. One person told us, "There's a book downstairs to write in, if you have any suggestions or concerns."
- The registered manager told us the format of surveys, to gain feedback about the service, was in the process of review. Once finalised, these would be sent to people. The registered manager told us people were informed of the survey's outcomes, once coordinated.