

Yourlife Management Services Limited

Your Life (Poulton-Le-Fylde)

Inspection report

Crocus Court
Station Road
Poulton-le-fylde
Lancashire
FY6 7XJ

Tel: 01253886394
Website: www.yourlife.co.uk

Date of inspection visit:
24 July 2019

Date of publication:
29 August 2019

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 (Poulton-Le-Fylde) provides care to people living in their own apartments within Crocus Court. People lived independently in individual apartments for over 70's. As well as the apartments, the building has communal areas for socialising, and a bistro. Staff were on-site 24 hours a day to provide support if needed. Not everyone who used the service received personal care. The Care Quality Commission (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. There were four people receiving personal care when we inspected.

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

People were safe and protected from abuse because staff assessed and managed risk. Not everyone needed personal care. Enough staff were available to meet people's support needs. Staff were recruited safely. People received their medicines as they needed. Staff practised good infection control.

Staff had been appropriately trained and supported and had the skills, knowledge and experience to provide good care. People had support as needed with their dietary needs. Staff helped people to attend healthcare appointments to assist their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff provided care that met people's diverse needs and preferences. People received good care and were treated with consideration and respect. They were involved in planning their care and making decisions.

Staff communicated with people effectively and had the skills to support people who had difficulties with communication. People were involved in a range of activities, independently or arranged by the service. Staff supported people to air any concerns. People felt these were dealt effectively. Staff were able to support people when at the end of life, to have a comfortable, pain free and peaceful end.

People said they were asked for their views and these were taken into account when planning care or changes in the service. Staff worked in partnership with other services and organisations to make sure they followed good practice and people in their care were safe. They also engaged with the local community to raise awareness of the service. Senior managers used a variety of methods to check the quality of the service and develop good practice. They were aware of, had informed CQC and were managing staff issues in the service when we inspected.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 30/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

Your Life (Poulton-Le-Fylde)

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.

YourLife (Poulton-Le-Fylde)

This inspection was carried out by an inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in Crocus Court extra care housing:

YourLife (Poulton-Le-Fylde) 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 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.

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. However, the registered manager was absent when we inspected.

Notice of inspection:

The inspection was announced. We gave the service 48 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. Inspection activity started on 24 July 2019 and ended on 24 July 2019. We visited the office location on 24 July 2019.

What we did before inspection

We completed our planning tool and reviewed information we had received about the service since registering with the CQC. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. 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 gained information from one person who received personal care and support from YourLife (Poulton-Le-Fylde) and two relatives. We spoke with five members of staff including two senior managers. To gather information, we looked at a variety of records. This included medicine records and two people's care records. We looked at information in relation to recruitment, staff training and supervision records. We also looked at other information related to the management of the service including audits, surveys and meeting minutes. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements.

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 were protected from the risk of abuse and avoidable harm. They said they felt safe and well cared for by staff.
- Staff attended training in safeguarding adults. They were able to describe the action they would take if they felt someone was being harmed or abused.
- There was information displayed around the building with contact details of the local safeguarding authority.

Assessing risk, safety monitoring and management

- There were risk assessments in place to guide staff in providing safe care and support. These included environmental risks in people's apartments and communal areas.
- Staff had arrangements in place to support people in emergency situations.

Staffing and recruitment

- Staff recruitment was robust. The management team had completed recruitment checks to reduce the risk of employing unsuitable people. This was done before new staff were able to start working for the service.
- Although staff turnover had been high, there were sufficient staff on each shift to ensure people's needs were met. Action was being taken in regard to staff turnover when we inspected.
- People told us staff arrived when they expected them to and completed all their care tasks without rushing.

Using medicines safely

Medicines were managed safely and in line with good practice guidance. People felt staff knew how to give medicines. One person told us, "They give me my medicines at the right time."

- Medicines records and audits showed medicines were given as prescribed with any errors dealt with promptly.
- Staff told us they received medicines training and had checks and audits to make sure they were giving medicines safely.

Preventing and controlling infection

- Staff and people they supported, were protected from potential infection when delivering personal care. Staff had received infection control training and followed safe infection control practices to reduce the risk of cross infection. People told us staff used disposable gloves and aprons when they supported them with

personal care.

Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as planned. The management team reviewed accidents and incidents, and shared these with staff, so lessons could be learnt, and the risk of similar incidents reduced.
- The management team were aware of their responsibility to report any concerns to the relevant external agencies.

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.

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

- The provider supported people effectively with food and drink. People lived independently and had their own kitchens in their apartments. However, staff were able to help people with preparation of food and drinks if needed.
- There was an on-site restaurant where people could eat if they wished. Staff could assist people or take meals from the restaurant to people in their apartments, if requested.

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

- Staff assisted people with health and social care referrals and supported people with appointments if requested.
- Staff responded quickly in emergency situations and made a difference to people when ill, injured or distressed. They worked effectively with other agencies to make sure people's health needs were met promptly.

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

- Senior staff carried out person-centred assessments of people's needs which involved the person and their representatives. This made sure staff knew whether they could meet the person's needs.
- Staff reviewed and updated support plans with people, so the information was current. People and their relatives felt their care and support was planned in partnership with them. They told us staff listened to and acted on the way they wanted their care provided.
- Senior staff referenced current legislation, standards and evidence-based guidance to achieve effective outcomes.

Adapting service, design, decoration to meet people's needs

- People owned their own homes within the development and so were able to decorate and furnish according to their needs and wishes.
- Senior staff involved people in any changes in communal areas to make sure their views were taken into account.

Staff support: induction, training, skills and experience

- Staff were given training relevant to their role to assist with developing their skills and knowledge. People told us they felt staff knew their jobs and were capable.
- Staff felt the organisation's induction was thorough, but some staff felt the 'in-house' induction was less

so. They said they needed to ask for extra information to make sure they were prepared for different situations.

- Staff received supervision and appraisal. Senior managers told us they had found issues around the management style and culture in relation to supervision. We saw staff had not always found supervision meetings supportive. These concerns were being managed when we inspected.
- Staff told us the senior managers supporting the home were approachable and were providing excellent support. One staff member told us, "They have been helpful and easy to talk to."

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 been asked for consent to decisions where they were able to give this. One person told us, "They check if it is alright with me." Where people were unable to make a particular decision, staff were involved in best interests decisions.
- Staff checked if people had given authorisation to any other person to make decisions about their care, such as a Lasting Power of Attorney (LPA). We saw this was recorded in care records, so staff knew who could make decisions for each person.

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

- Staff respected people's rights and differences. People told us they received good care from the staff supporting them. One person said, "They are lovely, very kind."
- Staff had received training in equality and diversity and put this into practice in the way they responded to people. The support needed to maintain people's individuality, diversity and independence were recorded in their care plans and helped staff to deliver the right support.

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

- Staff encouraged people to express their views and opinions and supported people to make choices and decisions. People were involved in planning their care and in day to day decisions. Where people had limited communication, or chose to include them, their families or representatives were involved in decision making.
- People were involved in staff recruitment, so they had a say in people supporting them. They were encouraged to meet potential staff, ask questions and feedback to senior staff.
- There were regular homeowner meetings, which gave people the opportunity to ask questions, give feedback and discuss any issues they wanted to raise.
- People had the information to request support from advocacy services so an independent person was able to act on their behalf, if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy, dignity and independence. People told us staff respected their privacy and dignity, particularly when providing personal care.
- People said they were able to control their care and be as independent as possible. One person said, "They help me with things I can't do."
- People's care records were kept securely and their confidentiality respected.

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 clear, person centred care plans to inform staff of the ways they wanted to be supported.
- Staff worked hard to ensure people's social and emotional needs were met and prevent them from becoming socially isolated or lonely.
- Even though people could live independently at the scheme, there was a large emphasis on social inclusion and friendships. People were able to participate in a variety of social activities.

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.

- Senior staff were aware of the accessible information standard. They made sure people with a disability or sensory loss were given information in a way they could understand.
- Each person's communication abilities and difficulties, including speech, hearing, sight or understanding were recorded in care plans.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure and complaints information was available for people and their representatives. No formal complaints had been received since registration.
- People were confident any concerns would be dealt with quickly and any changes needed would be made. They said they would discuss with staff if they had issues. They knew they were also able to approach senior managers if not satisfied.

End of life care and support

- Senior staff told us they were not currently providing a service to anyone who needed end of life care. However, they had explored people's preferences and choices in relation to end of life care where people were willing. Staff recorded this in care plans.

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; 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

- Senior managers were open and transparent and put people at the centre of the service. They monitored the standard of care provided. People told us they felt the service was open and inclusive and said the staff team provided a good service.
- Senior managers were aware of and met their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. They told us there had been no recent events that had required such a response. Homeowners and staff told us senior managers were easy to talk with and available to contact.

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

- Senior managers had an effective system of monitoring and carried out frequent checks on the quality of the service. The service's area manager advised us prior to the inspection of concerns about the management and culture of the service. They explained that their monitoring plus concerns raised with them, had highlighted possible issues.
- In response to concerns raised, a senior manager was quickly placed into the service and was providing guidance and support. Despite the issues, the service was being managed effectively when we inspected.
- There was a clear staffing structure and lines of responsibility and accountability.
- The management team followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.

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

- Senior staff involved people and their representatives in their care and any changes in the service. They used a range of methods to seek people's views, taking account of people's preferred ways of communicating.
- Staff listened and responded to people's views. People told us they made time to talk with them, welcomed feedback about the way the service was run and took action in response to any comments or concerns.
- Staff told us they had team meetings. Senior managers had also provided other opportunities to share ideas and comments about care. A staff member said, "They have been fabulous, so approachable and

reassuring."

Continuous learning and improving care

- Senior managers completed audits and reviewed care provided. They sought people's views, reviewed care and records, including accidents and incidents to see if lessons could be learnt.
- The management team were referencing current legislation, standards and evidence-based guidance. There were systems to check people were getting good care and the service running as it should. Where issues were found these were acted on promptly and thoroughly.

Working in partnership with others

- The management team maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals, and other organisations involved in the running of the service. They also engaged with the local community to raise awareness of the service.