

Yourlife Management Services Limited

Yourlife (Prestwich)

Inspection report

Broadfield Court, Park View Road
Park View Road, Prestwich
Manchester
Lancashire
M25 1QF

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19 December 2019

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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 (Prestwich) is a domiciliary care service that provides personal care to people in their own homes. The service is based in an assisted living complex which contains 48 apartments. 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. At the time of the inspection there were eight people receiving support.

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

Staff and managers showed genuine concern for people's welfare. Everyone we spoke with told us the staff were kind and caring and they were treated with dignity and respect. One person said, "They are friendly and kind. I would recommend this to anyone. My [family] is very happy here".

People reported feeling very safe. Staff were knowledgeable about safeguarding people and when to raise concerns. People received their medicines safely and recruitment practices were safe. Risks associated with people's care were assessed and monitored, and any environmental risks were identified and reviewed regularly.

Assessments were person centred and care was responsive to people's needs. There was an established staff team that was both motivated and well trained to carry out their roles effectively.

People were in control of how their care was delivered and had regular staff who knew them well. People's communication needs were met and people were consulted about the running of the service in regular residents' meetings.

The home was managed by a registered manager who was respected by staff and valued by the home owners. Staff reported a high level of job satisfaction. There was an open transparent culture that supported good practice.

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.

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 June 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 (Prestwich)

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 team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own apartments.

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.

We gave the service 24 hours' notice of the inspection. This was because the service was only providing a regulated activity to eight people and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from partner agencies including the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection. Due to technical problems, the provider was not able to complete a Provider Information Return. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the area manager, senior care workers and care workers. We reviewed a range of records. This included three care records and multiple medication records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm.
- People told us they felt safe and were able to raise any concerns they had.
- Staff completed regular safeguarding training and knew how to identify and report any concerns.
- Staff were confident the registered manager would respond appropriately to any concerns raised.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.
- The home had a whistleblowing policy in place and staff were confident to report any poor practice if required.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. These included environmental risks, falls risks and medication risk assessments.
- Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- The provider had a system to record accidents and incidents and staff were clear about their responsibilities. Systems were in place to review these for wider learning and to reduce the risk of the same accident or incident occurring again.
- After a burglary that affected the confidence and vulnerability of a person in their own home it was agreed that staff would provide additional support to check the apartment at night to ensure the alarm system was on. This reassured the homeowner to feel safe and confident again.

Staffing and recruitment

- There were no concerns about staffing levels and recruitment was managed safely.
- People told us that they received their care when they needed it and that staff were punctual and not rushed when providing care. One person told us, "They are all very friendly and approachable. They have been well recruited".
- Appropriate pre-employment checks were carried out to ensure only suitable staff were employed. This included reference and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Medicines were managed safely.
- Staff were trained in medicines management and assessed as competent before they provided support to people with their medicines.

- People were encouraged to administer their own medicines when possible to remain as independent as possible. The service was supporting four people with the administration of their medicines and the people we spoke with were happy with the support they received.
- Staff kept accurate records of the medicines they administered. Regular audits were carried out by senior management to ensure staff were following procedures.

Preventing and controlling infection

- Staff had completed infection control training and were issued with personal protective equipment (PPE) such as disposable gloves and aprons.

Learning lessons when things go wrong

- Staff reported an open culture where they were encouraged to report accidents and incidents.
- Any accidents or incidents were logged and investigated. The registered manager took appropriate actions in response. The organisations health and safety committee also reviewed the information to identify any patterns or lessons that could be learned to inform future practice.

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, choices and preferences were assessed prior to using the service to make sure their needs could be met.
- Assessments were person centred and established what was important to people. One person told us, "Yes. It is personal to me. My care plan meets my unique needs".
- Staff champion roles had been introduced to improve effectiveness in specific areas. These included a falls champion, a dementia champion, a health and wellbeing champion, a medication champion and a loneliness champion.

Staff support: induction, training, skills and experience

- Staff were provided with the training they needed to work effectively with people. This included training in safeguarding, moving and handling, equality and diversity and infection control.
- People told us that staff had the skills to meet their needs appropriately. One person commented, "Yes they are well trained". A relative told us, "They are trained very well and they are kind and they treat people like it's their own family".
- There was good feedback from staff about the training. They told us, "I think the training is very good. It is very detailed" and "We do lots of training including additional training".
- New staff completed a comprehensive two-week induction that included shadowing experienced staff. One staff member told us, "The induction was very thorough and we did a lot of training".
- Staff received regular ongoing support. This included a six- and twelve-week review, quizzes, competency checks, spot checks and regular supervision and appraisal meetings.
- Staff told us that they felt supported in their roles. One staff member told us, "Yes we receive good support. The registered manager is always available and actively encourages us" and "Yes, very supportive and approachable. Jobs are delegated fairly".

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

- Staff supported some people with food preparation and people were happy with the support they received. There was also an onsite bistro where people could purchase food if they chose to.
- Staff were trained in food safety and were familiar with people's needs and preferences. Staff commented that there was a lot of information in the care files and people also told them what they wanted.

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

- Care plans were regularly reviewed with people to ensure all needs were identified and met.
- The staff we spoke with knew the people they supported well and could quickly recognise when a person's needs had changed, or if they were becoming unwell.
- People told us that staff were responsive to their needs, "Yes they are very attentive" and "Yes they help me to see other health care professionals".

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

- Whilst Yourlife (Prestwich) is a domiciliary care service provided in people's own apartments. The complex also has communal areas including a lounge and dining area. These were very well presented, spacious, with modern furnishings and fittings and decorated to a very high standard.

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.

- No-one who used the service was subject of an order made by the Court of Protection that resulted in the care being provided restricting their liberty, rights and choices.
- Staff received training and understood the principles of the MCA and how they applied to their day to day work.
- People were supported to make their own decisions and choices and staff only provided care with consent where people had capacity.
- The service was quick to respond when people's mental capacity had shown signs of deterioration. They had liaised with families and appropriate referrals had been made to social workers, so meetings could be arranged, to make decisions in their best interests if required.

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 now 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

- People were supported by a dedicated and caring staff team who knew them well and treated them with respect. People told us, "They are exceptionally caring". A relative told us, "The staff were so lovely and caring that they helped [family] to overcome the change and upset. They go above and beyond, especially the manager, it is not just a job to them. I have peace of mind".
- The home had an equality and diversity policy and staff received training in this area.
- Care files had a specific section called, 'map of my life' which recorded what was important to people.
- From our conversations with staff, it was apparent that they understood people's needs and preferences. One staff member told us, "They all shower in a different way, their drinks are different, I have to adapt the care for each person. They all get dressed in a different order for example".
- People told us, "I have regular staff and they all know me well" and "Yes, they know my likes and dislikes".

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

- People told us they were regularly consulted and that they had access to their care plans and felt involved in their care. People and their relatives told us, "Yes, I feel involved. There are regular reviews" and "We are in constant contact to ensure [family] needs are met. We speak to the registered manager every week".
- The care files recorded regular reviews with people and also included formal feedback surveys to capture people's experience of their care.

Respecting and promoting people's privacy, dignity and independence

- The service had an autonomy and independence policy that supported good practice.
- Staff understood how to support and promote people's independence and how to respect their privacy this was confirmed by the people we spoke to. One person told us, "They always knock" and "Yes, they know I am very independent minded. If I can do it, I will do it and staff support this".
- Staff were aware of the importance of maintaining people's privacy and dignity when providing care. Staff told us, "We treat them how I would want to be treated or how you would want your family to be treated. We treat people as individuals. We close doors and cover to maintain dignity, for example".

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 now remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were in control of how their care was delivered and their needs were regularly reviewed with them.
- The service had regular staff who had a good understanding of people's likes and dislikes and this was confirmed by the people we spoke with.
- There was person centred information in people's care plans including their preferred routines and a section that recorded their social histories and what was important to them.

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's communication needs were assessed and detailed any difficulties people may have and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication.
- The service also had a dementia adviser who worked with any of their services who supported people living with dementia. This included offering advice and regular audits to help ensure good practice.

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

- The service offered a range of activities that were held in the communal lounge areas and the local community, that people could join in with if they chose to.
- The people who used the service ran their own social team that met monthly with the registered manager to plan the month ahead and to review if the previous months activities had been effective. The group had a file that stored meeting minutes and feedback from regular consultations with home owners about their experience of the activities provided.
- We met with the team during the inspection. It was well attended and there was a specific focus on trying to target people who may have become isolated.

Improving care quality in response to complaints or concerns

- People we spoke with knew how to complain and were confident the registered manager would deal with any issues they raised.
- The registered manager told us that they had not received any complaints from people receiving personal

care from the service.

- The service had a detailed policy and procedure which told people how they could complain and what to expect in response to a complaint, including timescales. It also gave people details of managers and other organisations they could contact if they were not happy with how their complaint had been dealt with.

End of life care and support

- There was no one in receipt of end of life care at the time of the inspection.
- People had been offered the option of advanced care plans to record their wishes in relation to end of life. These had been declined.
- The service operated until 11pm in the evening. End of life care could be facilitated and planned for in advance if required although people tended to access their local hospice for end of life care.

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 good. At this inspection this key question has now remained the same. 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

- The service was managed by an experienced registered manager who was committed to providing high-quality, person-centred care and had recruited and retained staff who shared that goal.
- People and their relatives were consistent in describing a high level of satisfaction with the service. People told us, "The manager is amazing, she is very responsive to problems that are raised. She goes the extra mile and cares about every single person" and "The support here is very good, it is excellent, they go above and beyond and above their remit".
- There was an established team that reported good staff morale and staff were positive about the registered managers leadership of the home. They told us, "I feel valued and we receive good support. The Manager is very approachable and fair" and "The manager is really good, she is probably the best manager I have had, approachable, positive, caring and she is fantastic with the residents".
- The provider held yearly Pride staff awards. We were told that PRIDE stood for; Passion, Responsibility, Innovation, Determined and Excellence. The registered manager told us any staff member could be nominated and it was to recognise staff who had shown good practise and gone 'above and beyond' in the service they provided.

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 was aware of and understood their responsibilities in relation to the duty of candour. There was an open, inclusive and transparent culture in place with the registered manager operating an open-door policy where people and staff felt comfortable to raise concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was an established quality assurance process in place. This included weekly audits by the registered manager and two monthly audits by the area manager that also included bi monthly meetings with senior management to carry out and agree any agreed actions in response to any issues identified.
- Staff knew their roles and responsibilities and were clear about their tasks. This was confirmed by the people we spoke to.
- The management team carried out spot check visits to observe the care delivered by staff. These helped to ensure that staff were effective in carrying out their role.
- The provider demonstrated their understanding of the regulatory requirements. Notifications which they

were required to send to us by law had been completed.

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

- There was good communication in place with both staff and people who used the service which included regular team meetings and resident meetings. One person told us, "Yes we have resident meetings once a month and they are effective". Staff told us that the meetings were effective and they were encouraged to contribute and informal learning was also facilitated.
- The service carried out regular surveys with people and regular care plan reviews. This regular involvement helped to identify what the service did well and any areas that needed to be changed. One person told us, "Yes, I feel involved. There are regular reviews".

Working in partnership with others

- The service worked in partnership with other stakeholders. People told us they were supported to access health and social care professionals when they were needed. One person told us, "Yes, they are quick to respond when needs change".
- Care files confirmed that people were supported to access health and social care professionals as required.