

Yourlife Management Services Limited

Yourlife (Chelmsford)

Inspection report

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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 is registered to provide personal care to people living in specialist 'extra care' housing.

Extra care housing is purpose-built or adapted single households in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service. At the time of the inspection four people were being supported with personal care.

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 felt safe with the staff who supported them. There were enough staff to cover care calls, and people received their medicine at the right time and in the right way. Staff had enough PPE to enable them to carry out their role. Staff understood how to keep people safe and had been trained in safeguarding.

The registered manager carried out a detailed assessment of need. People were supported to eat and drink in line with their assessed needs. People were supported to access health appointments if this was required.

People described the staff as caring. Staff understood how to support people in a way that maintains their independence and control. People's cultural preferences were explored, and people could choose the gender of the carer supporting them.

People had been involved in drawing up their care plans, and people's preferences relating to end of life care were explored if the person wanted to consider this aspect. Adjustments were made to ensure that information was made accessible to everyone.

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 knew how to complain and were confident that if they did complain their complaint would be resolved to their satisfaction.

The registered manager was experienced, and both staff and people spoke highly of them. The registered manager understood their role in maintaining safety and quality, and kept up to date with the latest guidance and best practice.

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

Rating at last inspection

This service was registered with us on 24/04/2019 and this is the first inspection.

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 (Chelmsford)

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 houses and flats and specialist housing.

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 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.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. The inspection activity started on 06 September 2021. We visited the office location on 07 September 2021.

What we did before the inspection

We reviewed the information we held on the service. This included the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from professionals who work with the service. We used all this information to plan our inspection.

We considered any information held about the service at 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.

During the inspection

We spoke with one person and two relatives over the phone about their experience of the care provided. We spoke with three members of staff including the, registered manager and 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 and their relatives said they felt safe with the staff who supported them. A relative said, "[Name] feels safe." Another relative said, "They have never said to me they feel unsafe. They are happy."
- Staff knew how to raise any concerns correctly and had been trained in safeguarding. One staff member said, "I would raise a safeguarding and I would tell my manager. I would also raise safeguarding with the local authority and if needed call the CQC."
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed and records were retained within people's care plans.
- People's records included risk assessments which identified the risks associated with people's daily living and provided guidance for staff on how to reduce these.
- Staff were aware of how to report any changes about people's care needs and could call for additional support from management at any time.

Staffing and recruitment

- People received support from consistent staff which enabled continuity of care. Since the service had been operating, one person had experienced one missed visit. No harm had been sustained. A relative said, "[Name] has never experienced a missed visit."
- Staff told us there were enough of them to provide safe care to people. One staff member said, "There are enough staff. We don't run late, this has never happened while I have worked here, even if someone is off sick then the duty manager will cover. I never feel like I have too many things to do."
- The registered manager ensure robust recruitment checks were in place and carried these out before staff started work. This included checks to ensure staff were of good character and suitable to work for this type of service.

Using medicines safely

- People told us they received their medicine at the right time and in the right way. A relative said, "This has been excellent. No problems at all. In fact, because of [Names] health condition, it is important that they get their medicine at the correct time and they are spot on, every time. Even if [Name] is in the garden or at the restaurant the staff will go and find them and politely remind them that it's medicine time."
- A few months before the inspection there had been a medicine error. The registered manager took swift action to make sure the person was safe and ensure staff undertook additional training. No harm was

sustained.

- Care plans clearly recorded the support people required to take their prescribed medicines. This included medicines to be administered 'as and when required' (PRN).
- Medicine administration records (MARs) were used to record when people had taken their medicine.
- Staff were trained and assessed as competent to administer medicines.
- The registered manager carried out regular audits to ensure medicines were being managed safely.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) when they were supported. A person said, "Yes, they always have it on, and they wash their hands."
- Staff had received training in infection prevention and control and COVID-19.
- All staff working at the service had been fully vaccinated and COVID-19 testing was carried out weekly, in line with current guidance.
- Staff had access to enough supplies of personal protective equipment (PPE). One staff member said, "We have plenty of PPE, if we need more [Name of manager] buys more to make sure we are protected. We had lots of meetings to support each other and think about how we could implement processes to prevent infection spreading. We had PPE stations outside of people's apartments and we had to read through the policies to understand what is expected of us."

Learning lessons when things go wrong

- The provider had systems in place to record and monitor incidents and accidents, if these occurred. One staff explained about the learning which had taken place following the medicine error. They said, "A medicine error happened, thankfully no one was hurt. We were given retraining, and this was covered in our team meeting. The registered manager watched how we were administering medicine carefully, and when we gave personal care to make sure we are doing it right."
- There had no significant incidents since the service had become operational.

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.

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

- People's care and support needs were assessed before care started and this information was used to compile people's care plans.
- People's protected characteristics under the Equalities Act 2010 were identified as part of the assessment process. This included people's religious beliefs, backgrounds and personal preferences.
- People said staff knew them well and understood how to support them to maintain their independence. One person described the staff as being, "Excellent and very helpful."

Staff support: induction, training, skills and experience

- Staff had the correct skills and knowledge to meet people's care and support needs.
- When staff had been recruited, newly appointed staff were required to carry out an induction to the service, before being encouraged to complete further qualifications.
- Staff completed training to enable them to acquire the knowledge and skills to fulfil their role. One staff member said, "I am doing my NVQ level 3, so I am getting a good oversight of what I need to know."
- Staff received regular supervision and observations of staff practice was undertaken.

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

- Staff supported one person to prepare their breakfast. This was recorded within the care plan, and the meal was made in line with the person's preferences and choices.

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

- People and their relatives said staff helped them to access health care services if this was needed. They described the staff as being good at including and communicating with them. One relative said, "[Name] has had a period of ill health, this resulted in them being taken to hospital. The staff have always contacted the ambulance, 111 for advice or the GP. They have always kept me informed of what has happened."
- Internet support and guidance was offered to people if they needed help booking appointments online.
- Care plans contained detailed information relating to people's health needs.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Everyone told us that consent was gained prior to care being delivered and this was a continuous process.
- Signed consent to care and people's ability to make decisions had been recorded within their care plan.
- People were supported in line with the principles of the MCA.
- Staff received MCA training and obtained people's consent before providing care.

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;

- People and their relatives were positive about the care they received. One relative said, "The staff go above and beyond the call of duty. When I go in I find they have put away the washing and that sort of thing. The staff are really kind."
- People and their relatives described the staff as kind and respectful. One relative said, "The staff are all very caring. I know, in certain circumstances [Name] has been rude to them, but they have always been very helpful and kind. Another relative said, "I have seen staff and they have been perfectly respectful."
- People's sexuality had been considered and the care plan explored if people needed additional support to express their preferences and needs.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to deliver care in a way that promoted people's privacy and maintained their dignity. One staff member explained, "I always make sure I ask permission and get the person's consent every time. I ask if they want me to close the windows and blinds. I use appropriately placed towels to support with privacy. We ask, include and encourage them in every single step."
- Staff understood the importance of encouraging people to maintain their independence. A staff member explained, "This is all about independent living. We encourage and prompt people to do as much for themselves, to keep their independence for as long as they want to. It is important for people to be independent because this helps with their wellbeing."

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

- People were supported to make decisions about their care and support.
- People's preferences were supported relating to the gender of the care staff they wished to support them.
- At the time of the inspection, the registered manager said that no one was currently using advocacy services but had information available to refer people to local services if this was needed. An advocate supports people to express their views and wishes.

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 told us they received support from staff that was individualised, person centred and focused on them retaining as much of their independence as possible.
- Care plans were person centred and included information on how they wished to receive their care and support in a way that supported their independence. For example, one person's care plan said, "I would like support with my catheter. I can choose my clothes but would like help to put on clothing, socks and shoes, I am struggling with these tasks, but I can shower independently."
- Care plans were reviewed regularly to ensure they continued to meet the needs of people. Reviews involved people and their relatives. One relative said, "They have developed the care plan with me, and they have reviewed it recently."

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.

- The service identified people's information and communication needs by assessing and recording them.
- The registered manager provided information in a range of different formats so people could understand the content. For example, they provided newsletter's in larger print for some people.

Improving care quality in response to complaints or concerns

- One complaint and numerous compliments about the service had been received.
- Systems were in place to manage complaints effectively. One relative said, "I brought an issue up to the managers attention and they showed the appropriate levels of concern and it was followed up."
- When a complaint had been made an apology was quickly issued and the concern was responded to in a way that the person found satisfactory.
- Everyone knew how to raise a complaint, and information about how to make a complaint was on display and in people's care plans.
- The registered manager was very responsive to people's needs and aimed to resolve any concerns before they got to the complaint stage, even if this was not within their remit. For example, some people had complained to the registered manager about the noise generated by a nearby garage, so the registered manager and the residents compiled a letter raising their concerns. The registered manager was acting as a mediator to try and improve people's quality of life and resolve any issues they had.

End of life care and support

- At the time of our inspection, the provider was not supporting anyone with end of life care.
- People's preferences and wishes relating to end of life care were explored and recorded in the care plan.
- The registered manager worked closely with the local hospice when people were at the end of their life.
- The registered manager explained, that this is an over 55 retirement village, most people were still living very independently and did not want to review this aspect of care. One relative said, "The staff tried to do an end of life care plan with [Name], but they did not want to think about it. We have Lasting Power of Attorney (LPOA) for health and welfare and we have done this on their behalf. [Name] did not want to discuss or make any decision about their end of life. They thought it was too intrusive. This should be on the record, because the staff did really try and engage them on this topic."
- End of life training had been given and policies and procedures were in place.

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

- People and their relatives said they would recommend the service. One person said, "It is so convenient having it all on site."
- The registered manager understood their duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- Robust systems were in place if accidents happened to review and respond to these appropriately if they occurred.

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

- Staff had confidence in the registered manager and spoke positively about the way they led the service. One staff member said, "[Name] is very efficient, and they will support us in anything we need to get the job done."
- The registered manager had retained most care staff since the company had started to provide care. Staff were supported by the registered provider to progress and develop their careers in health and social care.
- People and their relatives spoke highly of the registered manager and of the service. One relative said, "The manager goes above and beyond the call of duty"
- The registered manager completed regular checks and audits on the quality of care provided and took action to make any improvements needed.
- Staff were included to resolve and respond to any potential concerns quickly and to the person's satisfaction. One staff member said, "We want to hear people's feedback all the time. We need the feedback. Everyone is pretty confident coming downstairs and mentioning what they would like done, because they know things will be done and resolved for them."
- The registered manager was aware of their responsibilities to report notifiable events.

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

- The registered manager carried out regular checks with people and relatives to ask for people's feedback about the care they received.
- Service user and staff surveys had been carried out, and the responses had been positive.

- Feedback was seen as a vital component of the service, and the registered manager had an emphasis on using this feedback to look at how the quality of the service could be improved.
- The registered manager spoke about being committed to continuous learning and improving care.
- The registered manager was a member of local care forums, and was fully informed about the latest changes and guidance.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received the care and support that was right for them.
- The registered manager had arranged for a local GP to carry out a vaccination session in a communal area of the building so people had easier access to this service and could get their flu jab if they wanted to.