

Yourlife Management Services Limited

YourLife (Wallington)

Inspection report

Elles House
Shotfield
Wallington
Surrey
SM6 0BL

Tel: 02087731137

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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 (Wallington) provides personal care for people who live in their own, privately owned, flats at Elles House. At the time of this inspection the service was providing personal care to six people. Most people required minimal support from staff to meet their personal care needs.

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

The provider recruited staff who were suitable to work with people and people using the service were involved in staff recruitment. Although there were some staff vacancies this did not affect the care people received as shifts were filled through overtime. The provider assessed risks relating to people's care and put in place guidance for staff to follow to reduce the risks. Medicines management systems were robust and the provider checked each week that people received their medicines as prescribed. Staff followed suitable practices to reduce the risks of infection when caring for people.

Staff received a suitable induction, regular training and supervision to help them understand their role. Most people did not require support from staff in relation to their healthcare needs. However, the registered manager ensured staff were aware of any support needs as these were set out in people's care plans. Staff understood people's needs and preferences relating to eating and drinking and people could dine at the restaurant on-site run by a different provider. 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 and relatives liked the staff who provided support and described them positively. People received consistency of care from the small number of staff who worked for the service. Care was personalised to meet people's needs and preferences. Some people received social and emotional support from staff. People could access group activities at Elles House. The provider could provide information to people in alternative formats to meet people's communication needs. The provider had a suitable process in place to respond to any concerns or complaints.

A registered manager was in post who understood their role and responsibilities, as did staff. People, relatives and staff told us the service was well-led and the provider had systems to gather people's views and experiences. The provider had good oversight of the service and worked with other professionals to ensure people received the care they required.

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

Rating at last inspection and follow up

The last rating for this service was good (report published June 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 (Wallington)

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

Our inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary nursing agency. It provides personal care to people living in their own flats within Elles House.

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 the service one days' notice of the inspection. This was because the service is small and the registered manager often delivers personal care to people. We wanted to make sure someone would be available to meet with us.

The inspection site visit took place on 5 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). 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 this information to plan our inspection.

During the inspection

We spoke with six people using the service and three relatives. We spoke with the registered manager, a duty supervisor and a care and support worker. We reviewed a range of records. This included two people's care records and medication records. One staff member had been recruited since our last inspection who remained in employment, so we reviewed their recruitment records. We also reviewed records relating to staff training and support. A variety of records relating to the management of the service were also 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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider carried out the necessary recruitment checks on staff. These included regular checks of nursing registrations and criminal records, previous work history, proof of identification and health conditions.
- People using the service were involved in interviewing a candidate recently and their feedback was considered as part of the recruitment decision.
- The registered manager told us there were two staff vacancies, although all shifts were easily filled through overtime. People were aware of the staff vacancies but this had not affected their care in any way.
- People and relatives were positive about staff timekeeping and there had been no missed visits. Staff were always available on-site and were on-call to respond to emergencies. One person told us, "If I have an emergency I just press the bell and they come."

Assessing risk, safety monitoring and management

- People did not raise any concerns regarding how staff supported them to manage their risks. People appreciated that staff checked on them every day, even if they were not scheduled to receive care.
- The provider reviewed all possible concerns relating to people's care and assessed any risks they identified. Most people required minimal support from staff and risks were generally low.
- Staff understood the risks and they followed the guidance in place.
- The registered manager kept risk assessments under review so they remained current and reliable for staff to follow.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the potential risk of abuse and the registered manager understood how to respond to any allegations of abuse.
- Our discussions with staff showed they understood their responsibilities in relation to safeguarding adults and staff received training to keep their knowledge current.
- The provider recorded any accidents or incidents, and these were analysed by the registered manager and the area manager to help staff reduce incidents.

Using medicines safely

- Our checks of medicines records showed people received their medicines as prescribed and the provider carried out weekly checks of medicines records to monitor this.
- The registered manager ensured risks relating to medicines management were assessed for each person and staff followed the guidance they produced.

- Staff received training in how to administer medicines safely and their competency was assessed each year.

Preventing and controlling infection

- Staff received training in infection control and prevention including handwashing technique. Staff told us they always had sufficient equipment to use during personal care, such as gloves.
- Staff provided each homeowner with an hour's support each week to clean their flats. Staff received training and support to enable them to do this with regard to infection control.

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 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 were supported by staff who received regular training in a range of topics to meet their needs.
- Care workers were supported to complete an induction which met national standards, as well as diplomas in care.
- Staff received regular supervision with their line manager to review any concerns and training needs, and an annual appraisal to review their performance. Staff felt well supported by the provider.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Most people made their own arrangements in relation to their healthcare needs including any healthcare appointments. However, key information about people's needs was recorded in their care plans for staff to refer to.
- Staff supported some people to prepare light meals and encouraged one person to eat. Staff understood people's individual dietary needs and preferences and this information was recorded in their care plans for staff to refer to.
- People could choose to eat at a restaurant on-site which was run by a separate provider.

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

- The provider assessed people before they began using the service to check they could meet their needs and find out what care they required. The assessment process involved meeting people and their relatives and reviewing any professional reports.
- At this inspection we found legal requirements were met in all areas.

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.

- All of the people using the service at the time of our inspection had full capacity to make all decisions relating to their own care. This meant the provider had not been required to carry out any MCA assessments and people were not deprived of their liberty. However, the registered manager understood the MCA and staff received regular training to keep their knowledge current.

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 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 and relatives told us staff were kind, caring and compassionate. One person told us, "They are a good lot. Friendly, helpful and always nice people". A relative told us, "The staff really care. They want the people to be happy and to have a good life." Staff spoke kindly about the people they cared for and enjoyed their roles.
- People received consistency of care from the small number of staff who worked for the service. Staff knew people well and developed good relationships with people.
- Staff received training in equality and diversity to understand people's needs relating to any protected characteristics such as their age or any disabilities. The provider was able to provide care staff to meet people's ethnic, cultural and religious needs if necessary.

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

- People were able to express their views and made all their own decisions relating to their care. People and relatives told us staff always listened to their views and respected their wishes. People's care was based fully on their needs and preferences. A relative told us, "Staff are easy to talk to."

Respecting and promoting people's privacy, dignity and independence

- People and relatives did not raise any concerns regarding staff respected people's privacy and dignity when carrying out personal care.
- Our discussions with staff showed they understood how to maintain confidentiality and had received training in this.
- Staff understood the importance of supporting people to maintain their independence by involving them in their care as much as possible.

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 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's care plans were tailored to their individual needs and preferences and reflected how people wanted to receive their care.
- People received care based on their individual needs and preferences.
- The provider reviewed people's care plans regularly so they reflected people's current needs and were reliable for staff to follow.

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 provider could provide information about the service in alternative formats if required.
- The provider recorded people's preferred methods of communication in their care plans so staff had clear information to refer to. This included information about any communication aids which people required such as hearing aids and any support people required in relation to these.

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

- Care staff provided social and emotional support for one person as part of their agreed care package, in line with their needs and preferences.
- People could access activities run by the provider in communal areas at Elles House. These included film nights and group exercises.

Improving care quality in response to complaints or concerns

- There was a suitable complaints procedure in place and the registered manager reported no complaints relating to the service had been received in the past year.
- People and relatives told us they would raise a concern if necessary and the registered manager followed the process in investigating and responding to them. One person told us, "If I want anything they sort it out, I have no complaints."
- The provider supported people to raise concerns to other providers about the building and maintenance and the restaurant provision.

End of life care and support

- The registered manager told us no one using the service at the time of our inspection was on end of life care. However, people were supported to complete advanced care plans to set out how they would like to receive care at the end of their lives. Training was available to staff in relation to 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 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.

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

- The service was led by a registered manager who had worked at the service for many years previously in a different role. The registered manager knew the service, and also the people using the service, well as they delivered personal care to people regularly. People, relatives and staff were positive about the leadership and management of the service.
- A clear hierarchy was in place. The registered manager was supported by a duty supervisor and a second duty supervisor role had recently been recruited to. An operations manager visited the service regularly to inspect the service and provide guidance. The team understood their roles and responsibilities and worked closely together to ensure people received a high standard of care.
- Quality assurance systems were in place to monitor and improve all aspects of the service with regular checks carried out by the registered manager.
- The provider displayed the rating awarded at their last CQC inspection on their website and within Elles House. This is important as it helps inform people about the quality and safety of the service. The registered manager understood their responsibility to submit statutory notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned people's care openly and in partnership with them and their relatives as well as others involved in their care. This ensured care was centred on individual needs.
- The registered manager checked people were satisfied with their care at regular review meetings, monthly tenants meetings and surveys.
- Staff meetings were held monthly to share service updates with staff and staff told us they were listened to at these meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems to involve people and their relatives in any investigations if things went wrong although there were no examples where this had been required since our last inspection.

Working in partnership with others

- The registered manager gave us examples of how they worked with health and social care professionals

involved in people's care to ensure people received the care they needed.