

Yourlife Management Services Limited

YourLife (Stow on the Wold)

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 (Stow on the Wold) service provides care and support to people living in specialist 'extra care' housing at Hawkesbury Place. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented 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 supported three people with the regulated activity of 'Personal Care' at the time of the inspection.

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

People and their relatives were positive about the care they received at the service. People spoke positively about the care staff who supported them. They told us they felt safe when staff visited and were confident that any concerns would be dealt with promptly. The service had employed sufficient numbers of staff to deliver the care and support people required.

Appropriate steps had been taken to minimise and manage risk to people. Where people were supported with medicines, they were supported by staff who had received appropriate training and medicines were managed safely.

Infection prevention measures had been established within the service. Staff had a good understanding of these procedures and people confirmed staff wore protective equipment when visiting people in their homes.

Staff had received training which was appropriate to their role. Staff told us they received regular support from management. Staff told us they could seek advice from the manager. The service communicated and engaged with others such as family members to improve the lives for people who used the service. The manager acted on concerns to ensure people received care which was safe and responsive to their needs. Any concerns or accidents were reported and acted on.

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 received care which had been developed in partnership with them and their representatives. People and relatives told us their opinions had been considered when developing their care plans. Where people were supported with their nutritional needs, they told us staff offered them a choice as to what they would like to eat and took their preferences into account. People's care had been developed in a manner which maximised their independence.

The manager and provider had developed a variety of quality assurance systems to monitor the overall quality of the service provided to people.

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 28/05/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service had first registered with us.

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 (Stow on the Wold)

Detailed findings

Background to this inspection

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 provides care and support to people living in specialist 'extra care' housing at Hawkesbury Place. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented 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 recently employed a new manager. At the time of the inspection, they were in the process of registering with CQC. Once registered, the manager 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the provider, manager and care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at four 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.

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 relatives, we spoke with told us they felt safe with the staff who supported them.
- Staff had received training on safeguarding and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff told us they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risks relating to people were assessed and recorded. When risks were identified, guidance was available for staff on how to reduce the risk of harm to people.
- We saw risk assessments had been developed in partnership with healthcare professionals. Risk assessments included risks around nutritional needs, falls, medicines and moving and handling. Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner.
- Where people were at risk of developing pressure sores, we saw their risk assessment contained guidance for staff to manage and minimise the risk. Risk assessments also contained contact details for the relevant health professional to enable staff to raise any concerns and seek advice.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.
- We saw evidence of appropriate action being taken to manage people's risks when their needs changed.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People told us they received support from a regular team of staff and staff were punctual.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- Guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills. All new staff had three competency assessments before administering medicines independently.
- Medicines were administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.

Preventing and controlling infection

- The service managed the control and prevention of infection. They had policies and procedures in place along with guidance to support staff in this area.
- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control.
- People and relatives told us staff had access to and used personal protective equipment (PPE) during care calls. The staff we spoke with confirmed they had access to PPE and did not have any concerns over the availability of PPE.
- The manager sent regular reminders to staff and had arranged training on how to work safely and minimise the risks of COVID-19.
- Staff took part in regular COVID-19 testing; staff who received a positive test result were removed from working and did not provide care to people until it was safe to do so.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses. We were told that all records of incidents would be reviewed by the manager and prompt actions would be taken such as additional staff training and a review of people care needs to reduce the risk of repeat incidents.

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

- The manager assessed people's needs before they started receiving support from the service. People and their representatives told us they were involved in the assessment and decisions about their support needs.
- Where required, health professionals involved in people's care had been consulted when planning people's care. A copy of people's care plan was kept in the persons home and a duplicate copy kept in the office.

Staff support: induction, training, skills and experience

- People told us they were supported by staff who they felt had been suitably trained to support them.
- Staff told us they had received training appropriate to their role. The service used a mixture of face to face and e-learning. Where staff required specialist training such as in relation to stoma and catheter care, this would be provided to ensure staff could meet people's needs.
- New staff were required to undertake an induction period which included shadowing experienced colleagues and familiarise themselves with the service's policies and people's care plans. New staff were also required to complete mandatory training and undertake the care certificate which is a set of national standards that health and social care workers adhere to in their daily working life.
- Staff told us they received regular support and one to one meetings with the manager to discuss work related issues and their development needs.

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

- Where people required support with their nutritional needs, we saw these had been recorded in their care plans.
- Staff knew people's preferences and choices for their meals and were aware of people's individual needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other health professionals to support people with their health needs. This included health professionals involved in people's skin care or moving and handling needs.
- Staff worked closely with relatives to monitor people's wellbeing. Relatives confirmed that staff contacted them if they had observed changes in people's health.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare such as GP appointments.
- Staff were aware of how to escalate concerns and who to contact if they had concerns relating to people's

health or there was a medical emergency.

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 were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff told us they asked people's permission to provide them with the care they needed. People told us they were always informed of the care being provided, asked for their consent and given choices about the support they received.

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 we spoke with told us the staff who visited them were kind and caring. Relatives told us they felt staff were caring towards their loved ones. People told us they were visited by a regular group of staff who knew them well.
- Staff were respectful of people's diverse needs. People told us that they were treated with a non-judgmental approach and staff respected their wishes, views and choices. The manager told us equality and diversity was a regular agenda in team meetings and staff supervisions to ensure people were treated equally.
- The staff we spoke with told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care.

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

- People and their relatives confirmed that they were involved in planning and reviewing their care. People told us how management and staff consulted them in relation to their wishes and preferences.
- People told us they were consulted in relation to day to day decisions in relation to their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that they or their family member were treated with dignity and respect. They told us the staff upheld people's privacy when they provided care. People told us staff ensured any personal care was delivered in privacy.
- People's preference for the gender of staff supporting them with personal care was known and respected. Staff had completed training in privacy and dignity.
- People and relatives told us staff encouraged people to retain and promote levels of independence as far as they could. People's care plans identified areas of independence and prompted staff to promote independence. For example, one person was able to complete part of their shower routine independently and this was promoted in their care plan.

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's care visits had been planned and agreed for specific times in the day that best suited their needs and preferences. We saw that people received their care visits as agreed.
- We received positive feedback from the people with who told us staff were punctual and arrived on time. The records completed by staff when visiting people supported this.
- People's care plans contained information about the support they required, communication, dietary needs and risk profiles in these areas which meant staff had access to information they required.

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 recorded. The manager told us people were given information about the service in a format that met their needs. For example, some people requested their care plans in large print and these were provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People needs in relation to accessing the community and engaging in social activities was recorded. People had access to various communal activities as part of their Extra Care housing provision.
- Where required, people had been supported to maintain contact with their family and friends through various methods such as telephone and video calls.

Improving care quality in response to complaints or concerns

- People and relatives had information detailing how to provide feedback to the service or raise a complaint. People and their relatives told us they were aware of how to raise a concern or complaint.
- At the time of the inspection, there had been no formal complaints.

End of life care and support

- At the time of the inspection, the service was not providing end of life care. However, the manager had developed policies and procedures around supporting people with end of life care needs. This included working in partnership with people's GP and palliative care specialists to ensure people's wishes were fulfilled and they remained living comfortably in their own home.

- Staff had received appropriate training 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.

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.

There was no registered manager working at the service at the time of the inspection. A new manager had commenced in the role and was in the process of registering with the Care Quality Commission.

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

- There was a manager at the service at the time of the inspection.
- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements. The manager understood their responsibilities to notify CQC and other authorities of certain events.
- Staff spoke positively about the impact the manager had made since starting in the service. Staff told us how morale was high and there was a positive culture within the service.

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, manager and staff understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place to for staff to report any concerns, accidents and near misses promptly. The manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.

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

- The provider and manager had developed a number of quality assurance systems to ensure they met legal requirements.
- Audits had been developed to monitor the quality of the service provided to people. This included audits of peoples care records to ensure the care plans and risk assessments were up to date and accurately reflected people's needs. Medicine's audits had been completed to ensure any issues with people's medicines were identified promptly and appropriate actions taken.
- We saw that where shortfalls had been identified, action was being taken to improve the service provided to people. For example, following audits of falls, one person was referred to their GP for a review of their medication. This subsequently resulted in a reduction to the number of falls the person suffered.
- The manager conducted regular spot checks of staff to ensure they were providing safe care to people.

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

characteristics

- People told us how the manager had implemented various initiatives to engage with them. This included weekly coffee meetings and the introduction of a resident's association to enable people to take part in discussions on the future development of the service.
- The manager told us they would also visit people in their homes to speak with them and to provide them with an opportunity to give feedback on their care.
- The manager maintained contact with people's relatives to provide updates relating to their family member's care and health.

Continuous learning and improving care

- The manager told us they held meetings with staff to discuss work practices, training, development needs and staff well-being. Staff meetings had a regular training agenda where subjects such as medicines administration, dementia care and end of life care were discussed to enhance staff learning, understanding and practice.
- All the staff we spoke with told us they were happy in their job roles and had received the required training to do their job effectively.

Working in partnership with others

- The service had working arrangements with the local authority. The service had also built relationships with other health professionals including local GP practices and pharmacies. This helped people access and sustain the support they required.