

# Yourlife Management Services Limited

# Yourlife (Hanham)

## Inspection report

Magpie Court  
High Street, Hanham  
Bristol  
BS15 3DS

Tel: 01202362303  
Website: [www.yourlife.co.uk](http://www.yourlife.co.uk)

Date of inspection visit:  
20 September 2021  
22 September 2021  
28 September 2021

Date of publication:  
21 October 2021

## 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 (Hanham) is a domiciliary care agency that provides personal care and support to people living in their own apartments at Magpie Court. The branch office is based at Magpie Court. At the time of our inspection, six people were receiving 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

The feedback we received from people was good. Staff we spoke with enjoyed working for the service and supporting people in the community. People and staff were happy to contribute to the inspection and share their views and experiences.

People received a service that was safe. The registered manager and staff understood their roles and responsibilities to keep people safe from harm. People were supported to take risks and promote their independence. Risks were assessed and plans put in place to keep people safe. There were enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed, and people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff received regular supervision and support. The annual training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of the support they required.

The service was caring, and people were treated with kindness and respect. Staff were caring and spoke about people positively. They took an interest in the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Independence was always encouraged and supported.

A responsive service was provided to meet people's health and social needs. They received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. The service supported people who wanted to die at home with the support of other community health professionals. People were encouraged to make their views known and the service responded by making changes.

The service was well led. People received a good standard of care because the management team led by

example and had expectations about the standards of care people should receive. Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. Systems were in place to monitor the quality and safety of the service and the care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 18 April 2019, and this was the first inspection.

#### Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

#### 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 (Hanham)

## 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 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 homes.

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

We gave the service short notice of the inspection visit because we needed to be sure the office-based managers would be available for us to speak with.

Inspection activity started on 20 September 2021 and ended on 28 September 2021.

#### What we did before the inspection

Before the inspection we reviewed information, we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

#### During the inspection

We spent time with the registered manager, and duty manager. We had a conversation with two staff who were on duty. We looked at four people's care records, together with other records relating to care and the running of the service.

After the inspection

The second day of our inspection consisted of a video call meeting with the registered manager and area manager. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We requested a range of records, including policies and procedures, risk assessments and, surveys, quality monitoring and assurance documents. We continued to seek clarification from the provider to validate evidence found.

We also spoke with a person who used the service and two staff on the telephone calls. One person emailed us with their experience of using the service. These comments and feedback from the recent surveys have been referred to throughout the report.

# 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

- Staff provided care and support that protected people and helped them to remain safe. Comments from people included, "Oh yes I feel in safe hands they are very good at that", "I am very happy here and I feel safe and secure" and "Having back up 24-hours a day is reassuring".
- Staff told us the training they received equipped them with knowledge and skills to understand how to protect people from harm.
- Staff understood the processes to follow to safeguard people in their care. Everyone recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Assessing risk, safety monitoring and management

- Risks were managed relating to people's health and well-being. These included risks associated with weight loss, moving and handling, going out in the community and maintaining skin integrity.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment could include pressure relieving mattresses, nursing beds, mobile hoists and equipment to help people shower and bathe safely.

Staffing and recruitment

- Staff were deployed effectively to meet people's care and support needs and they were always on time. Staff rotas were well managed, this helped ensure consistency of staff to people and continuity of care.
- The provider followed safe recruitment procedures. Disclosure and Barring Service (DBS) checks had been carried out for all staff to check whether they were suitable to support vulnerable people.

Using medicines safely

- Medicines were managed safely. There had been no significant errors involving medicines in the last 12 months.
- Monthly audits were completed to ensure best practice was being followed.
- Staff completed safe medicine administration training before they could support people with their medicines. Practical competency reviews were completed with all staff.

Preventing and controlling infection

- People were protected by staff who followed good infection control practices. They were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons.

- Staff had received training on infection control and understood their role in preventing the spread of infection.
- The PIR told us, "We have a dedicated coronavirus team and communication channel. We have created a flexible operating model that is adapted to government advice. This is available on our intranet and communicated to all staff. Regular communication to our service users via posters and letters help ensure everyone is kept updated".

#### Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident records supported details leading up to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent recurrence.

# 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.

- Assessments were completed for those who were considering using the service. The information supported the registered manager and prospective client to decide as to whether the service was suitable, and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

Staff support: induction, training, skills and experience.

- People were supported by staff who received training and development opportunities tailored to individual staff requirements and their roles. Staff felt encouraged and supported to increase their skills and knowledge. One staff member told us, "I am very happy here, the training has been good and supports my role". The PIR stated, "With regular reviews and a performance development plan, we have been able to identify all staff needs and preferences and accommodate them towards their employment. The impact has been positive, and the flexibility has improved the morale of staff and our ability to support development".
- The service had a small, steadfast group of staff. They felt supported daily by the registered manager and other colleagues. Teamwork was promoted and encouraged and comments from staff supported that they were working cohesively.
- Any additional support or supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

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

- People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process.
- Staff reported any concerns they had about a person's food and drink intake to the registered manager and subsequent referrals were made to the GP for guidance.

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

- Staff were available to support people to access healthcare appointments if needed and, they liaised with health and social care professionals involved in their care if their health or support needs changed.
- People's care records showed the service had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- Staff respected people's choice, preferences and asked for their consent when offering support.

# 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.

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 provided with support from a caring service. People had formed good relationships with the staff. Comments included, "I look forward to my visits", "My carer makes the best cup of tea" and "I am treated well". People were asked in a recent survey what words best describe our staff. People said, "Cheerful, competent, helpful and fantastic".
- The provider respected people's needs under the Equalities Act 2010. Assessments and care plans included information about issues such as cultural, religious and gender needs. These were known and understood by staff.
- People were introduced to the staff who would be supporting them. Continuity of staff for individuals was an important asset to ensure consistency wherever possible. People appreciated the efforts of the registered manager when co-ordinating this. People received care, as much as possible, from the same familiar staff. This helped in circumstances where staff required time off.
- Thought and care was given when matching people to staff and this had a positive impact for people. It was evident the registered manager had worked together with people and their families to build up relationships based on trust and confidence.
- Staff were positive and enthusiastic about the support they provided to individuals. They told us they enjoyed their work and they were proud.

Respecting and promoting people's privacy, dignity and independence.

- Staff were privileged guests in people's homes. People told us staff were respectful and kind. Comments included, "They are very respectful when they are in my home", and "They are all very polite and courteous". One family wrote, "We have peace of mind knowing they are treated with utmost respect and dignity. They are looked after by highly professional, approachable, compassionate, caring team".
- People were encouraged to be as independent as possible. The registered manager through continuous review had enabled people to achieve their outcomes, remain in their own homes and promote their independence. This had resulted in people either living independently without support or where the care package had been reduced because less support was required.
- Information in care plans contained the level of support needed whilst at the same time promoting independence and respecting people's wishes. One person told us, "They are very good, I tell them what to do and they follow my preferences".

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

- People told us they were involved in making decisions about how they wanted to be supported.
- Care plans showed that they were involved and had consented to the decisions made about their care.
- 'Homeowners' who used the services from Yourlife (Hanham) attended meetings which enabled people to

express their views and influence things such as food preferences, activities, trips out and future events.

# 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 meet people's needs, preferences, interests and give them choice and control.

- The approach to care was person centred. Care plans were informative and evidenced that people had been fully involved in developing their plans and how they wanted to be supported. People had taken the time to provide and share specific details about preferred routines and what level of assistance they required, and this was reflected in their records.
- Staff told us there were good communication systems in place to help promote effective discussions, so that they were aware of people's needs and any changes for people in their care. This included verbal handovers and daily records.
- People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge or directly with relevant health or social care professionals. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed, and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes.
- Support pathways of care were developed with individuals and relevant professionals to support phased progression. The registered manager and staff recognised individual capabilities and worked on strengthening 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

- The service protected people from social isolation and recognised the importance of social contact. They had access to facilities at Magpie Court and this included a restaurant, communal lounges, activities and social events.
- People were offered and provided with a range of activities, they handpicked what they liked to do or take part in. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas.
- The emotional wellbeing of people and their families had been supported throughout the pandemic. The whole team ensured contact and support was maintained through various initiatives. Staff were sensitive to people's feelings including anxiety, sadness and loss.
- Every effort was made to enhance and maintain family support and existing relationships so that people's life experiences were meaningful, and relationships remained important.

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.

- Information would be shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- Communication requirements were discussed during the initial assessment when people started using the service and this was reviewed and monitored.
- Any care documentation, complaints and contracts could be adapted into larger print.
- Homeowners had access to a communication system developed to enable flexible telecommunication in supported living environments. This meant people could access help 24-hours a day in an emergency and systems supported a variety of needs for example, sight or hearing impairments.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy in place, which was provided to people who used the service.
- People had formed good relationships with staff, and they felt confident to express their views. Things that had worried people or made them unhappy were documented. This information was also shared with staff. People were listened to and had never had to make a formal complaint. They named individual carers who they said were very good and supportive.

End of life care and support.

- People and their families would be supported when they required end of life care, with the support of GP, district nurses and palliative care nurses.
- No-one was receiving end of life care at the time of our inspection.

# 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.

- The registered manager told us about their journey since joining the service, including achievements, learning from failures and how best to improve. Ways of working and systems in place contributed to a smooth, effective operation of the service whilst still retaining its personalisation.
- The area manager spoke highly of the registered manager and how his model of care was celebrated and shared with other managers within the organisation. They told us, "He is a good mentor, very organised with a logical way of working a positive attitude and not adverse to rolling up his sleeves to support staff".
- The registered manager led by example and was 'caring, kind and respected'. Comments about how the service was managed included, "I cannot fault the manager", "He is very hands on and happy to support when needed", and "He definitely supports us and he's very organised and a great leader".
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.
- There was an emphasis on teamwork amongst all staff. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained.

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

- Quality assurance systems were in place to drive improvements within the service. The service had a programme of audits and quality checks.
- Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- The provider/registered manager had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- Policy and procedures were reviewed to assess if they remained effective and up to date with current best practice and guidance.

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

- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included handover reports, staff meetings and written daily records.
- The service sought the views of people using the service and staff by asking them to complete surveys.

- Other methods of communication included planned meetings for staff and homeowners. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings were effective, meaningful and enjoyed.
- Monthly newsletters were colourful, informative and interactive. They informed people of any news, dates for the diary, events, activities and provided puzzles such crossword and sudoku.
- The grapevine community was an internal communication social media platform available for people to link up, check the noticeboard and enjoy podcasts and webinars.

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 and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved. Their office was based in the main part of the building with an open-door policy and ensured there was transparency and openness where people, staff and families could discuss any concerns at any time.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.