

Yourlife Management Services Limited

Your Life (Norwich)

Inspection report

Daisy Court
Bluebell Road
Norwich
NR4 7FL

Tel: 01603456328

Date of inspection visit:
02 October 2019
03 October 2019

Date of publication:
05 November 2019

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

Your Life Norwich operates an assisted living scheme in a purpose-built private development called Daisy Hill Court. The service is a domiciliary care agency providing personal care to older people living in their own flats. The development consists of 58 flats with some shared communal areas such as dining room, lounges and gardens.

Not everyone living at Daisy Hill Court received the regulated activity. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection seven people were using the regulated activity.

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

People told us they felt safe with the carers at Your Life. There were robust recruitment procedures in place to ensure staff were suitable to work in the service. Risks to people's safety had been assessed and action taken in a way that managed the risk but maintained people's independence as much as possible. People received their medicines as prescribed. We have made a recommendation about the recording of people's support with medicines.

People were involved in putting together their care plan based on their preferences for support. People's needs were holistically assessed including social and emotional needs as well as physical and health needs including support with meal preparation. The service worked well in partnership with other professionals to meet people's needs and improve their wellbeing. 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.

Staff were kind and caring and people felt involved in their care. Staff took the time to get to know people and understand their preferences. Staff were thoughtful in maintaining privacy, dignity and confidentiality.

The service was person centred and responded to people's changing needs. People were supported to participate in the community and socialise in the way they chose. This included access to activities within the development, activities in the wider community as well as maintaining links with friends and family. The service was not currently delivering end of life care but provided information and guidance to people about completing advance care plans.

People and staff were positive about the management and the quality of care provided. Managers supported and empowered staff to support people according to their needs and preferences. The service had an open and honest culture where people and staff felt confident to speak up if they had concerns. There were systems in place to monitor and review the quality of care and that information was used to improve the service for the future. There was an ethos of continual learning where staff were encouraged to

improve their practice and the care offered by the service.

Rating at last inspection. This service was registered with us on 22 October 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date the service 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.

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

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 ●

Your Life (Norwich)

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 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 and support service.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager had left the service and a new one had recently started. This person had made an application to register with the Care Quality Commission. This person will be referred to as 'the manager' throughout the report.

Notice of inspection

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

What we did before inspection

We reviewed information we had received about the service since it had started. We sought feedback from the local authority and commissioners 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.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including carers, duty managers, the manager and the area support manager. We reviewed a range of records. This included two people's care records including 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 gained feedback from with two professionals who support people using the service.

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 told us they felt safe when staff supported them. One person said, "There is an alarm system. I've got that round my neck if there is an emergency...safety-wise it couldn't be better"
- Staff had been trained and understood how to identify signs of abuse. There were procedures in place to enable them to report any concerns.

Assessing risk, safety monitoring and management

- Staff understood the potential risks people faced and there was clear guidance in care plans on how to manage and mitigate these risks. For example, risks of falls or risks relating to medicines.
- There was a positive approach to risk taking. For example, risks around medicines were managed in a way to support the person to be as independent as they were able.

Staffing and recruitment

- People and staff told us there were enough carers to meet their needs.
- There were robust recruitment procedures in place to ensure the service employed staff who were suitable to work in the service.

Using medicines safely

- People received their medicines as required.
- Support plans and risk assessments were in place to provide guidance for staff on how people wanted to be supported with their medicines.
- Where people were supported with creams, staff used Topical Medicine Administration Records (TMARs) to record when the creams had been administered.

Where people required a prompt to support them with their medicines, the support they received had been recorded within the daily notes. However, it was not always clear which medicines the person had been supported to take.

We recommend the provider review their recording systems for people who are supported with medicines using a prompt.

Preventing and controlling infection

- Staff had been trained and understood how to prevent and control the spread of infection using Personal Protective Equipment (PPE) for example. People told us staff always took appropriate precautions. One person said, "They always use gloves and aprons and stuff."

Learning lessons when things go wrong

- Incidents and accidents were recorded, and managers reviewed these records. This helped identify actions that could be taken to prevent incidents happening again in the future.
- Records included details of action taken immediately following the incident, as well as longer term actions such as referring someone to the falls clinic after they had several falls.

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

- Care plans were holistic and covered people's social, emotional, and cultural needs as well as physical and health needs.
- Staff told us the care plans contained the information they needed to support people. They were asked to read care plans before going to see someone for the first time. Records showed that staff had signed to say they had read and understood the information.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they had the training they needed to support people. One carer told us, "Everything is really thorough, a lot more informative than training I've done before."
- Staff were supported in their training by managers who regularly observed them carrying out their roles to ensure they were competent when providing care.

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

- There was a section in people's file on nutrition and eating. If people needed help to prepare food, carers had guidance to help them do this.
- There was a restaurant as part of the development that people could use if they chose. People could also choose to have a meal delivered to their room on a tray.
- Carers told us if there were concerns that someone wasn't eating, then the care plan was reviewed to look at how they could be supported with a healthy diet. For example, by preparing food for them or having trays from the restaurant.

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

- The service worked well with other agencies. One person told us how the service had worked with social workers to put their care plan together.
- Professionals provided positive feedback about the service. One professional said managers were responsive and contacted them about clients when needed.
- The service worked well with healthcare professionals and had links with the local surgery. One person told us the GP had visited them at home. They said, "The GP reviewed my medication and whether they are still okay or need to change."

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.

- Staff were trained and had a good understanding of the MCA. Staff told us they always checked how the person was that day and whether they wanted them to carry out each care task to gain consent.
- People's records contained information about mental capacity and recorded information about powers of attorney. This was to ensure staff understood who could legally consent on behalf of a person if this was required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 told us the carers were "very caring. Carers told us they had time to spend with people to get to know them. One carer told us when they have time, they try to stay and have a chat with people even if they have completed all the care tasks.
- Carers we spoke with described how they made sure they treated everyone equally by following working guidelines. One carer told us, "All time is allocated, it is done that way, so we are fair, and we do treat everyone as equal."

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

- People told us they were able to express their views and were involved in decisions about their care. They told us carers talked to them about their needs and how they wanted to be supported.
- People told us they were able to make decisions about their care. For example, one person said they hadn't felt comfortable with one of the carers, so another carer was now allocated to their calls.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. People only had support in the areas where they needed assistance and maintained their independence in other areas. For example, some people remained independent with medication and their GP appointments.
- Staff understood how to promote people's independence so for example, supporting people with prompting rather than actually doing tasks for them.
- People's privacy and dignity was maintained by carers who made sure doors and curtains were closed when supporting with personal care. Carers also described how it was important to maintain confidentiality. A lot of the service users knew each other and would ask about other people. Carers told us they did not share that information unless a person had given them specific permission to do so.

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 plans were very person centred. They were reviewed monthly and we could see they were updated to reflect people's changing needs.
- Where issues were identified, reviews were brought forward to address concerns. For example, one person's medication was reviewed, and an occupational therapist carried out an assessment following a series of falls. The care plan was updated in line with the guidance from the professionals.

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 using the service did not have any specific communication needs. However, this area was covered as part of people's care plans so if this changed in the future the service would be able to address this.

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

- Social inclusion was a specific area in people's support plans which gave details on how people preferred to socialise, for example in small or large groups and whether they liked to join in social activities.
- People were supported to socialise as they preferred. For some people this involved attending activities within the development, for others it was accessing the community or maintaining relationships with friends and family.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was included in the service user handbook.
- People were aware of who they needed to speak to if they needed to complain. They told us the manager was approachable and they were confident that they would be listened to.
- There were systems in place for the manager to following if people made complaints.

End of life care and support

- The service was not currently supporting people at the end of their life. However, they provided information, guidance and support to all service users on completing an advance care plan which covered areas such as health, preferred priorities, spiritual care and specific wishes.

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.

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

- People and staff were very positive about the standard of care. One carer told us, "By far they are the best company to work for. Care is of such a high standard as well as support for staff." A professional working with a person in the service told us, the manager "quickly understood the needs of our client and in our experience, supports the staff well to understand and meet our client's needs."
- Carers felt supported by management and able to approach them with concerns. There was an open culture. Where things had gone wrong this was discussed in staff meetings and staff were encouraged to write reflective accounts to learn from mistakes.
- Staff told us that they felt things had improved since the service started. The area manager told us they had worked on empowering staff through training to give them the confidence to carry out their roles.

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

- Managers were clear about their roles and staff understood who to report any issues to.
- Staff received regular supervisions. Supervision is a one to one meeting with a line manager where they could discuss their role and any difficulties they were having.
- Managers and the provider carried out regular checks and audits to monitor the quality of care. Where shortfalls had been identified, records showed they had taken action to improve the quality of care people received.

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; Continuous learning and improving care

- The provider was open to hearing people's concerns. How to support people to make complaints was discussed during a staff meeting.
- The manager was open and honest during the inspection, demonstrating they understood where things had gone wrong and actively looking to learn and improve for the future.
- There was an action plan in place based on the audits that the manager and area manager had carried out on people's care plans. We could see how the actions taken had improved the quality of people's care plans.
- The provider was looking at putting together an action plan based on the key lines of enquiry (KLOE's) for the future.

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

characteristics

- People were engaged with the service through 'home owner' meetings. People were also encouraged to complete a survey to give their views. The feedback from the meetings was used to develop the service. For example, there was a programme of activities in the communal lounge based on feedback received from people.
- Staff felt engaged with the service and attended regular staff meetings where people's needs were discussed, as well as other items such as issues arising from audits, communication with the team and staff training.
- The service maintained links with the local community. As well as supporting people to access the community, groups in the community were encouraged to come into the development. For example there was an exercise class in the communal areas.

Working in partnership with others

- The service worked in partnership with other professionals and organisations. One person was supported through a befriending service to access the community. Professional advice was sought to enhance people's care and promote independence.