

Yourlife Management Services Limited

YourLife (Bridgnorth)

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 (Bridgnorth) is a domiciliary care service, providing personal care and support to people in their own homes. 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. At the time of our inspection three people were receiving a regulated activity.

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

People were safe and protected from potential abuse. People were supported by a team of staff who they knew well.

The provider carried out recruitment checks on new staff to ensure they were suitable to work in people's homes. People received safe support with their medicines by trained and competent staff members.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

Staff included people in decisions about their care and respected people's rights. 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 treated people in a kind and caring way. People valued the service they received and the support the staff provided. The staff treated people with respect and helped them to maintain their independence and dignity.

People knew how they could raise any concerns and were confident the management would resolve any issues they had.

The service provided the support people and their families needed as individuals reached the end of their lives.

The provider had good oversight of the service. People knew the duty managers and were comfortable speaking to them. The provider was committed to providing person-centred care that focused on each individual and enhanced their life. The provider used formal and informal ways to gather people's feedback and used this to improve the service they received.

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

Rating at last inspection

The last rating for this service was Good (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 (Bridgnorth)

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 flats.

The service did not have a manager registered with the Care Quality Commission. However, an application had been made to register one. This means that at this inspection the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

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 would be in the office to support the inspection.

Inspection activity started and ended on 24 October 2019.

What we did before the inspection

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about, such as abuse. We checked for feedback from local authorities and commissioning bodies.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff, two duty managers and the area manager.

We reviewed a range of records. This included two people's care records, two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were protected from abuse and avoidable harm. People and their relatives trusted staff and felt safe in their presence. The staff were trained in how to identify and report abuse.
- The provider had identified and managed risks to people's safety. People's care records had information for staff about how to provide people's care in a safe way. One person said, "Yes I do feel safe with the staff because I know them well and trust them."

Staffing and recruitment

- There were enough staff to safely support people.
- The provider followed safe recruitment processes when employing new staff. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- People received the support they needed to take their medicines safely. The staff were trained in how to handle medicines safely.
- People told us they received the support they needed to take their medicines at the right time.

Preventing and controlling infection

- Staff had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
- Staff members had access to personal protective equipment such as gloves and aprons to help reduce the risk of cross infection.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and investigated. Staff were encouraged to reflect on what had happened to identify any learning.

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 has remained the same. 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

- Staff could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

Staff support: induction, training, skills and experience

- The staff were skilled and competent to provide people's care. They completed a range of training to ensure they had the knowledge and skills to support people. People considered the staff were well trained. One person said, "The staff all seem to be competent at what they help me with."
- Staff felt well trained and supported. They were confident they had the skills and knowledge to care for people well.
- New staff completed a structured introduction to their role. This included completion of induction training and courses such as moving and handling. In addition, they worked alongside experienced staff members, or a mentor, until they felt confident to work more independently with people.

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

- Staff provided the support people needed to eat and drink enough to maintain good health.
- Staff told us they knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual tastes. One person commented, "I have breakfast each morning which the staff help me prepare. The staff will always leave me a drink before they leave."

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

- Staff had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services.

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 and found they were.

- The focus of the service was to provide quality care that met people's needs and respected their rights. The area manager and staff understood their responsibilities under the MCA. They gave people choices about their care and respected the decisions people made.
- There was no one being supported by the service who required restrictions on their liberty to receive care.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has 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; Respecting and promoting people's privacy, dignity and independence

- The staff treated people who used the service with kindness and respect. One person said, "The staff treat me well. I am helped to be as independent as I can."
- The staff spoke about people in a respectful way. They showed they knew people well and treated people as individuals and respected their diversity. One person said, "I am very pleased with the care I receive. I am always treated with respect."
- The staff supported people to maintain their independence. They knew how to promote people's privacy and dignity while providing their care. A person said, "I feel the staff are very respectful of my dignity making sure I am covered up when having personal care." One staff member told us, "I make sure people's dignity is respected when I help them to have a shower. I make sure doors and curtains are closed. I always explain what I am going to do and obtain consent from the person."

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

- People were placed at the centre of all decisions about the care they received. The provider asked people and their families for their views about the care provided and respected the decisions people made.
- People were confident if they spoke with the management about changing anything they would be listened to.

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 has 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, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted.
- People's individual life histories, personal likes and dislikes and key events throughout their lives so far were recorded. This assisted staff members to respond to people and interact with them on a personal level whilst meeting their needs.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare 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 had information presented in a way they found accessible and, in a format, they could easily understand.
- People's sensory needs were recorded, and staff worked with people to encourage them to use any personal equipment they had. For example, glasses or hearing aids.

Improving care quality in response to complaints or concerns

- People knew how they could raise concerns about the service and were confident the management would act in response to any issues they raised. No one we spoke with had recently made a formal complaint about the service provided.
- One person told us, "If I had a complaint I would take it straight to the management and speak to them."

End of life care and support

- No one was requiring end of life care at present. The manager and staff worked with other agencies to support people if they were reaching the end of their lives. Staff understood the importance of supporting people's families as well as the individual.
- Staff had received training in the principles of end of life care. Staff were matched to individuals who received this type of care to ensure they received appropriate support,.

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 has 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.

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

- The provider had developed a positive culture which placed people who used the service at the centre of their care. People were involved in all aspects of their care and received person centred care that met their needs in a fair and equal way. They acknowledged any diverse characteristics people may have.
- The provider had systems to gather the views of people who use the service and their relatives.

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

- The provider understood their legal responsibilities. They informed us of significant events, such as the change of manager, as required.
- People told us they had received clear information about all aspects of the service when the provider agreed to provide their support.

Continuous learning and improving care

- People we spoke with told us the duty managers and care staff asked if they were happy with the support they received. This was used to further improve the service provided.
- All of the staff we spoke with told us the management listened to them and said they could share their views about how the service could be further improved.

Working in partnership with others

- Links with outside services and key organisations in the local community were well maintained to promote people's independence and wellbeing.
- Staff worked with health and social care professionals such as the district nursing team, GPs and social workers to provide quality joined up care to people.