

Yourlife Management Services Limited

Yourlife (Hertford)

Inspection report

Edward House
Pegs Lane
Hertford
SG13 8FQ

Tel: 01992509379
Website: www.yourlife.co.uk

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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

Your Life (Hertford) operates an assisted living scheme in a newly purpose-built private development called Edward House. The service is a domiciliary care agency and registered to provide personal care to older people living with dementia, physical disabilities and sensory impairments in their own flats. Flats are privately owned but people share some communal areas and facilities such as dining rooms, lounges and a wellbeing spa.

Not everyone using Your Life (Hertford) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care' which 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 this inspection two people were receiving personal care.

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

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. The management team took appropriate actions following any incidents however learning and sharing from lessons needed embedding with staff. Risks to people's health, safety and well-being were identified and measures were put in place to manage these risks. People were supported by staff who were recruited following a robust process. People's medicines were managed safely. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons were provided for them.

Before care started the provider completed assessments to make sure people's needs could be met by Your Life (Hertford). Care plans were developed from these assessments for each person's identified needs. Staff received training and support to enable them to carry out their roles effectively. However, further higher-level training was required in areas such as dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.

Staff and the management team knew people well and they sought professional advice appropriately as people's needs changed. Relatives praised the kind and caring nature of the staff team. People and relatives knew about their care and were in control of the support they needed. People received care and support as they wanted and in a manner they wanted. Relatives were confident to raise concerns with the management team.

The management team was committed to providing a high standard of care to the people they supported. Relatives and staff spoke highly of the management team and told us that they were always available and

supportive. However, staff did feel recent management changes had been unsettling. Regular check and audits of the quality and safety of care had been carried out.

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 03/04/2019 and this is the first inspection.

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 (Hertford)

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 planned this inspection to check 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

One inspector completed the inspection.

Service and service type

This service is a domiciliary care service. It provides personal care to people living in their own apartments. The service had a manager registered with the Care Quality Commission, although they were absent at the time of this inspection. 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 48 hours' notice of the inspection site visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 06 April 2021 and ended on 07 April 2021.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders including the local authority safeguarding team. 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. We used all this information to plan our inspection.

During the inspection

We spoke with two area managers and the manager supporting the service in the absence of the registered manager. We spoke with two members of staff and reviewed a range of records. This included two people's support plans and one person's medication records. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. The requested documents were provided in a timely manner and were used to inform our judgements. We also spoke with two people's relatives about the quality of care provided.

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; Learning lessons when things go wrong

- The service had systems to help protect people from the risk of harm or abuse. Staff received training and were confident about how they would report any concerns both internally to the service management and externally to local safeguarding authorities.
- One staff member told us, "Safeguarding is if I see something that is not right or that might harm someone, then I would report it. Anything like a bruise, mark or just anything I'm not sure about. If I saw one of my colleagues giving care in an unsafe way, then I would tell the manager, CQC or social services."
- Staff and management understood their responsibilities to safeguard vulnerable people from abuse. For example, where incidents had occurred, staff had identified these and reported to the management team in a timely manner. Records showed that management investigated and took appropriate action.
- Relatives told us that staff provided safe care for people. One relative said, "I moved to this care company from one we were using and have been very happy. I think [person] is very safe and well looked after."
- The management team took appropriate actions in response to concerns and learning was shared with staff.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and staff were able to describe to us how they minimised these risks. Risk assessments had not always been updated when a person's needs changed and also lacked detail in some examples seen. We discussed with the area manager that risk assessments would be enhanced by a greater level of detail which they completed during this inspection.
- When people moved into their apartment and personal care was provided a full environmental risk assessment was completed. This looked at areas such as evacuation, possible trip hazards and emergency support. Staff provided a 24 hour on-call service to respond when people used their pendant alarms. Staff were also trained to ensure people received support in the event of an emergency, such as a fire.

Staffing and recruitment

- Staff and relatives told us they thought there were enough staff available to meet people's care needs. However, there were vacancies in the home for care staff which were covered by using other local staff employed by the provider. Although there had not been any missed care calls feedback and audits completed by the management team indicated staff had not always stayed for the agreed length of the call. This had been identified by the management team, who were addressing this at the time of inspection.
- Staff confirmed the robust recruitment procedures carried out before they started work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they were able to work with people independently.

- New staff completed an induction which involved shadowing experienced staff, undertaking training and familiarising themselves with how the service operates.

Using medicines safely

- Staff received training to administer people's medicines safely and regular support from managers to maintain the practise. Medicines administration records [MAR's] were completed when medicines were administered, and regular checks ensured this occurred.
- Systems were in place to safely order, manage and store medicines.

Preventing and controlling infection

- The provider had appropriate procedures for infection prevention and control. Care workers confirmed they were provided with supplies of personal protective equipment (PPE) including gloves, masks and aprons.
- The area manager confirmed staff and people were supported to complete regular COVID-19 tests and to access vaccination services.
- Infection control training was completed by staff which was confirmed by the training records.

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

- People's needs were assessed prior to using the service. Initial assessments included people's support needs and how to meet their individual preferences. These assessments formed the basis of people's care plans and risk assessments.
- Professional guidance in relation to known risks to people was available for staff to follow. For example, around the risks to injury from a person falling.
- People's relatives were positive about the staff team for the effective and timely care and support they delivered.

Staff support: induction, training, skills and experience

- Newly employed staff were provided with an initial induction which included shadowing an experienced member of staff, training and competency check. One staff member completing their induction said, "There are four induction days, tomorrow is my last induction day, the training is good, very thorough."
- Staff received training in key areas including safeguarding, moving and handling and the Mental Capacity Act. Staff had a good understanding of these areas and were able to describe to us how they used their training in their working roles. One staff member said, "Training I am happy with, we do lots of training. I just requested in supervision that I would like the company to provide me with extra training." The area manager told us they planned to introduce additional training around dementia and end of life care to further develop the staff team.
- Staff received supervision to help ensure that they had the knowledge and support to perform their job roles. Staff told us they felt supported by the management team, although the recent management changes and the absence of the registered manager had been unsettling.

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

- People said that where people needed assistance to eat staff, shop or prompting around food and fluid staff supported them in a safe and effective manner.
- People's dietary needs and any special requirements were identified in their care plan. Staff knew what people liked to eat and drink and how to safely meet and special requirements.

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

- Staff and the management team worked well with external professionals for the benefit of people who used the service. These included GPs and occupational therapists.
- Information was shared with other agencies if people needed to access other services such as hospitals or

clinics such as the falls clinic.

- Staff and relatives told us that they were able to provide care in a timely manner, that met people's preferences and care needs. One relative said, "Certainly [Person] has a timeslot every morning for care and I don't believe there has ever been a time when this has not happened, I can only trust them."

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 asked for consent prior to staff supporting them. No person at the time of the inspection was deemed to lack mental capacity.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice.

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

- Staff had a good understanding of the people they supported. Staff spoke about people's support needs in a kind and sensitive manner.
- People and their relatives were positive about the care at the service. A relative told us, "Whenever I have been there they [Staff] are all extremely friendly, polite, chatty and warm although they are always maintaining professional values and respect."
- People's diverse needs were respected, and care plans identified people's spiritual needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff took time to involve people in decisions about their care and responded to their individual wishes and preferences. Regular planned reviews of people's support involved the person, their relatives if appropriate and other professionals.
- Relatives told us they were involved in any decisions about their care and kept informed of any changes.
- Staff knew how to support people to promote their dignity and privacy. Staff were aware of the need to treat people sensitively and be aware of how their actions may impede people's privacy. One staff member said, "I talk to them [people] and wait until they are happy for me to provide the care they want. They [person] will say on some days they are not ready for the care. So, we change things around and support them when and how they want. We do for them, not too them."
- The core purpose of care provided was to enable people to live in their own homes and retain as much independence as possible. Staff told us and people's relatives agreed that promoting and maintaining people's independence was central to the ethos of care provided. One staff member said, "We help with the things they can't do for themselves but celebrate the things they can. People can help themselves as much or as little as they want, and we will help them however much that is."

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 received care that was planned with them to meet their individual needs, likes, dislikes and preferences.
- People's care was adapted to meet their changing needs. For example, where people's independence varied staff adapted their approach. Supporting people with less direct care when people were able to manage this themselves.
- Care plans were completed with people and recorded preferences, likes and dislikes. The quality of information recorded in the care plans was inconsistent. Some contained detailed person-centred information, others were not completed to the same standard. We spoke with the area manager who was already aware of this issue and had plans in place to develop this.

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.

- Care plans did not always consistently describe people's communication preferences in detail and how they wished to receive their information. The provider plans to develop a more person-centred approach to recording this information.
- Relevant information however could be made available to people in the format that met their needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy which people had a copy of in their flats to access as part of a wider service user guide if needed.
- The area manager told us they had not received any formal complaints since registered and complaints records confirmed this.
- People's relatives told us they knew how to raise their concerns if they needed to and were confident any concerns or complaints would be dealt with. One relative was able to tell us how they had raised concerns to senior management which they felt was well managed.

End of life care and support

- Staff knew how to support people at the end of their life, although the area manager said they would support staff to be more confident in discussing this area with people. Staff had received end of life training.
- We saw that advanced care plan templates were within people's care plans but were yet to be discussed

or completed with people.

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.

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

- The registered manager had been absent from the service since February 2021. The interim management team comprised of the area manager and a service manager from another of the providers local homes.
- Quality monitoring systems were in place and regularly completed by the management team. However, we identified that care plans and risk assessments required more detailed information for staff to support people in a person-centred manner. A service improvement plan had been developed which was updated to reflect this improvement, alongside additional specific training.

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

- Staff felt the management team were supportive and approachable. However, recent changes with the registered manager had left staff and relatives feeling anxious and uncertain. One staff member said, "For me, it has been hard, the managers have not worked on the floor with us, we are the team and they are the managers, but I think it is improving bit by bit now."
- The management team had a good understanding of their legal and ethical responsibilities towards the people they supported.
- Relatives told us they were very happy with the service provided and that staff were managed well. Relatives told us that staff supported people to live independent and fulfilled lives, and helped people remain living in their own homes.

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 management team and staff understood their roles. The management team had a clear understanding about duty of Candour and told us they encouraged staff to be open and honest.

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

- Staff and relatives gave positive feedback about the service and how it was operated. The management team issued a monthly newsletter for people and staff. This included updates about the service, safety information and upcoming events
- Regular feedback had not been collected from people and their relatives formally or informally. However, this was because both people using the service had only done for two months at the time of inspection. The

service was still very small and the management team were in day to day contact with people which meant they received people's feedback face to face.

- Staff told us team meetings had not occurred until the area manager supported the service, and had arranged a recent meeting by video call. They said this meeting was informative and felt their opinions were valued.

Continuous learning and improving care; Working in partnership with others

- There had not been any significant incidents or issues within the service that affected the care provided. The area manager was able to tell us how they would embed lessons learned into daily practise, however due to the small number of people using the service, for a short period of time we were unable to review how effectively this would be carried out.
- The management team worked with other professionals to achieve good outcomes for people. For example, community nurses, occupational therapists and GPs and dentists.