

Yourlife Management Services Limited

Yourlife (Bury)

Inspection report

Cross Penny Court
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Suffolk
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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 Bury is a domiciliary care agency providing care to people at Cross Penny Court only at the present time. 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 the inspection three people were receiving personal care and support from the service.

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

The service provided reliable and regular staff to support people with their assessed needs, Staff knew about safeguarding and abuse from their induction and on-going training. Each member of staff had planned supervision, training and a yearly appraisal to discuss their work and plan their career.

Each person had a risk assessment which explained the risk to their health in detail and how staff were to assist them to keep safe. People at the service managed their own medicines but staff were trained to administer prescribed medicines should the need arise.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were asked for their views about and were involved in the planning of their care. People's care records were individualised and contained information about their interests, history and how they wished their care to be provided.

The service worked well with other agencies such as doctors to ensure people's needs were met. People were supported to make and attend appointments with healthcare professionals where this was part of their agreed care plan.

The service had a complaints policy and procedure which was provided to people when they commenced using the service. Staff we spoke with told us about how they treated people with care, dignity and respect. This was confirmed by relatives plus compliments that had been recorded about the service.

The service had a senior staff on-call service system in operation which people using the service and staff could call upon at anytime for assistance. The registered manager continued to have a quality assurance system in place which identified areas for development and improvement. People were given an opportunity to feedback their views on the service and their comments were acted on.

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 (report published 17 July 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 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 (Bury)

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 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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to make sure someone would be present at the office.

Inspection activity started on 24 January 2020 and ended on 31 January 2020. We visited the office location on 24 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent to us in the provider information return. 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. We contacted the local authority and Healthwatch for information they held about the service to help us plan our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We went to Cross Penny Court where the service is based and inspected records held securely within the registered managers office. We gained consent from one person to visit them and talk with them about their experience of the care provided. We spoke with the registered manager, another registered manager who provides support to the service as required, a team leader and two members of the care staff. We looked at three care plans, training records, staff supervision, recruitment and quality assurance records, plus the complaints and compliments file.

After the inspection

We spoke with two relatives about the experience of the care provided to the people who lived at the service and examined further records.

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

- People were protected from the risk of potential abuse by staff who had been trained and understood safeguarding. One member of staff told us, "I have been given safeguarding training as part of the induction when joining and then on-going training in safeguarding."
- The registered manager explained to us the policy and procedure and how they would report any matter should the need arise.

Assessing risk, safety monitoring and management

- Risks to people were assessed and actions taken to mitigate risks. A relative told us, "The staff are there for confidence when helping [my relative] to shower and lend a hand when dressing."
- Staff carried out comprehensive assessments of the risks to people. Identified risks had been carefully recorded into the person's care plan including how risks could be reduced.
- The risk assessments were reviewed at each care review or for more frequently when the need was identified.

Staffing and recruitment

- The service continued to practice safe recruitment procedures. This included carrying out checks to ensure prospective staff were suitable.
- Systems were in place to monitor whether staff arrived on time, stayed for the agreed amount of time and carried out what was on the care plan. One relative told us, "The staff are on time and from my experience stay the length of time agreed."
- The registered manager had increased staff working at the service in line with the number of people using the service and their individual care needs.

Using medicines safely

- Staff had been trained to administer medicines when the need arose.
- At the time of our inspection all people using the service managed and administered their own medicines.

Preventing and controlling infection

- The service had put procedures in place to reduce the risk of the spread of infection.
- Staff had received training regarding the control of infection.
- Staff informed us they had access to appropriate protective (PPE) clothing such as gloves and aprons when carrying out personal care.

Learning lessons when things go wrong

- Incidents and accidents were reported by care staff. These were reviewed and investigated by the registered manager to determine if any action was required to reduce the risk of 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.

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

- Each person was met by a senior member of staff prior to them using the service for them to write an assessment of the person's agreed needs.
- People's care records were written with regard to their individual needs and how they were to be achieved with the support of the staff.
- Individual care plans were reviewed in the light of events and at set times with the person.

Staff support: induction, training, skills and experience

- All new staff attended a comprehensive induction, which included shadowing experienced other staff carrying out their duties.
- Staff were supported with training as part of the induction process and further regular training was arranged to keep the staff practice up to date.
- Staff had regular supervision sessions and yearly appraisals with senior staff to discuss training needs and development.
- The registered manager carried out unannounced spot checks which provided an opportunity to observe staff at work and provide feedback to them.

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

- People were supported by staff as per their care plan with regard to meal preparation.
- Staff had been trained to identify nutritional concerns and address this with people if required.

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

- Where it was part of their agreed care plan, the service helped people access support from external healthcare professionals such as GP's.
- Healthcare appointments were arranged as necessary and relatives told us information on the outcomes of visits was shared with them, in agreement with the person receiving care and support.

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. 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.

- The service assessed people's capacity in accordance with the MCA where required. The staff were aware of their responsibilities with regard to the MCA.
- Staff understood the importance of seeking consent. One relative told us, "The staff are understanding and sensitive and I am aware they ask for [my relatives] opinion about their 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 now 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

- People's preferences, such as the preferred gender of care staff, were taken into account when organising people's care visits.
- Staff had enough time to interact with people whilst they supported them and people were not rushed. One relative told us, "Certainly the staff treat [my relative] with respect and they are not rushed."
- The registered manager informed us that when employing staff, they were looking for people with empathy and understanding. They were able to ensure people were well supported by having a small regular team of staff who got to know each person well.

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

- People and their representatives were directly involved in the planning of the person's care and support. Their views were recorded in their care plan including call visit times which were scheduled according to their preferences.
- As well as arranging resident's meetings for people to attend at Cross Penny Court, the registered manager also visited the people using the service on a regular basis so they could express their views about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us the service supported them to remain independent and supported them specifically with their assessed needs.
- Staff ensured confidential information was protected and was held in the registered managers office.
- Staff treated people with dignity and respect. For example, they discussed with people their preferred way of being addressed and ensured this was used.

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's life histories, medical conditions, allergies were recorded along with their preference of how they wished their care to be provided.
- Each person had a care plan which stated their needs, the time the staff would visit and how the needs were to be met.

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 were provided with information in a way they could understand, including larger print when required.
- Staff had considered people's communication needs and how these could be supported. For example, we found staff had supported people with hearing impairments to have subtitles on their television sets.

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

- Yourlife (Bury) provided a range of daily social events which people could choose to join in as they wished.
- Staff supported people with important relationships where needed. Relatives told us there was good communication and positive relationships between them and staff. One relative said, "The staff are always friendly and make me welcome."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Each person, upon using the service, was given a welcome pack which included information about how to make a complaint.
- There had been no complaints recorded and the registered manager considered this was because staff saw people every day and would act upon any concerns identified.
- Relatives told us they were content with the service and had never needed to complain.
- We saw recorded compliments had been received by the service from people that had and were using the service and their relatives.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.

- During care reviews the staff were able to discuss arrangements with the people using the service.
- The registered manager was confident from the staff training and support from other professionals the staff could support people at that stage of their life in their own home.

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

- The registered manager promoted a culture which was caring and respectful which we saw reflected in various documents and in staff's behaviour.
- The service regularly gave people the opportunity to feedback on the service they received either verbally or in writing. The registered manager informed us they and their team would act upon any information 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

- All of the staff we spoke with understood their legal responsibilities with regard to duty of candour.

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

- The registered manager carried out regular audits of peoples care plans and the daily records staff completed. This meant any issues could be identified and action taken to resolve the issue and improve the service.
- The service was well-organised and there was a clear staffing structure. The staffing rota was organised well in advance so that staff were clear about their shifts and could arrange leave and days off with the registered manager.
- The registered manager had arranged an on-call service so that staff at the service could be supported at anytime.

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

- Care staff visited people everyday and the registered manager also frequently visited the people using the service.
- A relative informed us that they found the staff helpful and included them appropriately with the consent of their relative about important information.

Continuous learning and improving care

- The registered manager carried out spot checks and supervision sessions with staff to determine how the staff were working and could there be any improvements.

Working in partnership with others

- The registered manager had sought advice from health care professionals in the past when required in order for the service to support people with their needs.
- The registered manager attended various meetings to build support with other organisations.