

Yourlife Management Services Limited

Yourlife (Oakham)

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 Oakham is a retirement village providing extra care housing and personal care up to 58 apartments. The service provides support to people generally aged over 70 with some support needs.

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 there were 61 people using the service but only one person was receiving personal care support.

People live in their own self-contained apartments in a shared building. There is a communal dining room, lounge, laundry facilities and garden people can access if they wish to.

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

People were safe. Systems were in place to identify and report any safeguarding concerns. Medicines were administered safely and staff received training to do so.

People received person centred care. Staff did not act or make any decisions without consent and involvement of the person.

People were supported by friendly and caring staff. Staff knew people and understood their needs.

People's information was recorded accurately in detailed care plans which enabled staff to support them effectively.

The service was well-led. The registered manager was approachable and provided an open and honest culture. Systems and processes were in place which allowed the registered manager to develop and maintain oversight of the service.

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.

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

Why we inspected

This service was registered with us on 29 November 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective. Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring. Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive. Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led. Details are in our caring findings below.

Yourlife (Oakham)

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector. An Expert by Experience also made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 25 April 2022 and ended on 27 May 2022. We visited the location's office on 26 April 2022.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five staff members including the area manager, registered manager, chef, domestic assistance and care and support worker. We reviewed three staff files and reviewed care plans and medicine administration records. We spoke with one person living at the service and one relative. We reviewed multiple policies and documents related to the running 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.

This is the first inspection of 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 were safe from harm. A person told us, "I feel very safe here...I would ring for help if I needed it." The registered manager checked in with people on a daily basis to ensure people were safe.
- Systems and processes to safeguard people were in place. Staff gave us examples of what safeguarding concerns could be and told us they would raise concerns with the registered manager. The registered manager told us any concerns raised would be investigated and reported to the local authority.

Assessing risk, safety monitoring and management

- People's risks were assessed. Comprehensive risk assessments were in place which provided guidance to staff on how to safely monitor and manage people's health care needs. The registered manager also told us pre-assessments were undertaken before people moved in to ensure their needs and risks could be safely met.
- Daily records were maintained. Staff completed daily logs which contained detailed and accurate information stating what support had been offered and undertaken. Information was also shared in handover meetings between day and night staff. This meant staff were updated with information to allow them to assess risk and safely monitor and manage people's needs.
- Regular environmental checks were completed. The registered manager was responsible for monitoring and identifying risks in shared communal spaces. Safety checks such as regular fire alarm testing were also undertaken. People had fire evacuation plans in place.

Staffing and recruitment

- Staff were recruited safely. We reviewed three staff files and found necessary checks including Disclosure and Barring Service (DBS) were completed before staff commenced work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff. People who required support with personal care received it consistently. One relative told us, "My relative is very content with the care they get and they like the fact they get the same carers." The registered manager told us if people's needs changed, staffing levels would be reviewed. The registered manager told us they would not commit to providing personal care if staffing levels were not safe to do so.

Using medicines safely

- Medicines were administered safely. We reviewed medicine administration records (MARs) and found staff were safely and appropriately administering medicines where required. Topical medicines such as prescribed creams were administered and body maps guiding staff as to where to apply the creams were in

place.

- A medicines policy was in place. Staff followed guidance and explained how they administered medicines. Staff were aware of what to do if there were any medicines errors and told us they would seek guidance from 111 or the GP if required.
- Staff received medicines training and competency checks were completed by the registered manager.

Preventing and controlling infection

- Staff wore personal protective equipment (PPE) in line with government guidance. We observed staff wearing appropriate levels of PPE when providing care and support to people. This meant the risk of contracting or transmitting COVID-19 was minimised.
- There was sufficient PPE. Staff and the registered manager told us there was enough PPE stock available, and staff could access it as required.
- Staff undertook regular COVID-19 testing in accordance with government guidance. Staff told us they tested regularly before attending work and would not attend the service if they had a positive COVID-19 result.

Learning lessons when things go wrong

- Lessons were learned. Staff understood the importance of raising concerns and recording any incidents which impacted upon people's safety. The registered manager told us they reviewed any incidents or near misses and put in place measures to prevent further incidents from occurring. Information was shared with staff who worked together to minimise risks for people.

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. Care plans reflected people's physical, mental health and social needs. People's cultural and religious beliefs were recorded, as well as hobbies and interests. A person told us, "[Staff] know me well and support me." This meant people had choice and control over how their care needs were met.
- Staff knew people's needs. Care plans contained information which guided staff on how to safely deliver care. Staff told us they had access to people's care plans and read them before providing care and support. This meant people were supported by staff who understood their needs and preferences.

Staff support: induction, training, skills and experience

- Staff received training. Staff told us they completed a variety of training online which was monitored by the registered manager. Training staff completed allowed them to carry out their roles and support people safely.
- New staff received an induction. This comprised of online training and shadowing. This meant people were supported by staff who had the necessary skills and training necessary to their roles.
- Staff received regular supervision. The registered manager completed supervisions and appraisals with staff which addressed any support or training needs they may have. Team meetings had taken place with senior management, but not as frequently with staff. The registered manager told us they had plans to introduce a monthly team meeting.

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

- People were supported to eat and drink. For those who wished to access the service, meals were cooked freshly for people. A staff member told us they were able to cater for people's dietary needs and provided softer diets or lighter meals if it was required.

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

- People were supported to lead healthy lives. Staff worked alongside people to ensure their health needs were met. A person told us, "Staff notice if I am unwell and are very conscious of this." Ordinarily GPs and other health care professionals were not contacted by staff, but with the person's consent, staff would do so.
- Staff were aware of people's health care needs. A relative told us, "They [staff] appear to know what they are doing." Staff told us they understood the needs of the person who received support and worked to ensure the person had the best health outcomes. Support provided was consistent and in line with the

person's care plans and risk assessments.

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 MCA 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 able to make decisions about their lives. The registered manager told us people living at the service all had capacity to make their own decisions. This meant staff did not become involved in any aspects of people's lives they did not want support with.
- Staff understood principles of the MCA. Staff told us they offer support to people and they could not force anyone to do anything. A person told us, "There are no pressures from anyone to do anything I don't want to." Staff respected people's rights and only supported people with tasks or areas they wanted.
- Processes were in place to assess people's capacity and record decisions in their best interests if it 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

- Staff were caring. We observed people being supported by staff who were caring and kind. One person told us, "There is not one [staff member] who is not nice and friendly." A relative told us, "The staff are polite and courteous and always treat my relative with respect."
- Staff were passionate. Staff told us they wanted to help people and treated everyone with respect and compassion. A staff member told us people living at the service were, "So nice, and everyone is grateful [for the support that is given to them]."

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

- People were able to express their needs and wishes. A monthly committee meeting took place where people could share their views and make requests for improvements to the service to be made.
- People felt listened to. Staff told us they listened to what people wanted and worked with them to ensure they were happy with the service being offered. A relative told us, "They [staff] do talk with [person's name] to see if [person's name] is happy with the care they are getting."

Respecting and promoting people's privacy, dignity and independence

- People's rights were respected. Staff always acted with people's consent and did not become involved in decisions they were not meant to be included in. Staff only supported people with tasks they needed and encouraged independence as much as possible.

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 were involved in planning their care. Care plans were personalised taking into account the person's choices and preferences. A person receiving support was able to tell staff about their care needs, Support was delivered in a way that made the person feel comfortable. A relative told us, "The carers do know how my relative likes things done." This meant people had choice and control over how their care and support was provided.
- A monitoring system was in place. Each apartment had a call system whereby staff could speak with people to ensure they were well and safe each day. This enabled staff to monitor people's wellbeing, and also provided an early alert system if a person was not well or had not been seen. This enabled people to have access to timely care and support as required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known. Staff worked alongside people to understand their communication needs to promote effective communication. Hearing induction loops were used around the service. Hearing induction loops allows people using hearing aids to hear more clearly by reducing background noise. Information could be provided in different formats such as large and bold print if required.

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

- Activities were people led. The registered manager told us people living at the service organised activities and social events that interested them. For example, a vicar regularly attended the service, and other groups such as knit and natter and music evenings took place. The registered manager's role was to help facilitate activities, rather than organising them for people living at the service. This promoted their independence.
- People were able to meet with others for mealtimes in communal areas and visit one another in their apartments. People were able to join in with as little or as much as they wanted to. Staff and a person living at the service told us how friendly everyone living there was. We observed people chatting and enjoying one another's company during lunch.

Improving care quality in response to complaints or concerns

- Complaints were dealt with. A complaints policy was in place and was followed. The registered manager recorded complaints and compliments and resolved concerns as they arose. A person told us, "I don't have any complaints at all."

End of life care and support

- There were no people receiving end of life care at the time of inspection. Advance care plans could be put in place if people wanted to discuss their last wishes with staff at the service. The registered manager told us if people required end of life care and support, it could be facilitated at the service.

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 culture of the service was positive. Staff told us they were happy in their roles and felt the registered manager supported them. A person told us they felt able to share any complaints, and they were able to approach the registered manager directly.
- The registered manager was transparent. Changes to management had impacted upon the service, but the registered manager told us they had an open-door approach and communicated regularly with people living at the service.
- The registered manager maintained oversight. Systems and processes were in place to monitor the service and identify any areas that needed improvement. The registered manager undertook daily walk rounds of the service and established handovers between day and night staff. This meant information was shared with staff to enable people to achieve better outcomes.
- Quality assurance processes were completed. Audits such as accidents and incidents were completed on a monthly basis. This allowed the registered manager to analyse information and take steps to minimise risk people were exposed to and 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood duty of candour. A policy was in place and the registered manager was aware information following incidents or when things went wrong needed to be shared with relevant people. A relative told us, "I have every confidence that the carers would let me know if they had any concerns regarding [person's name] health."
- The registered manager understood their roles and responsibilities. Incidents that needed to be notified were sent to CQC as per these responsibilities.
- Support was available. The registered manager was supported by an area manager, and staff in turn felt supported by the registered manager. Staff told us they were a team and worked to help and support one another in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People's views were sought. Regular meetings with all people living at the service took place to gain their feedback. A person told us, "Staff will help me with anything, and I can talk to registered manager." The

registered manager told us they listened to people and would make changes and improvements as they were able to. Staff surveys were also undertaken.

- The registered manager was passionate about improving the service. Routine spot checks, audits and observations of staff practice were undertaken regularly. This helped to identify good areas of practice and those that needed strengthening. Learning was then shared with staff to drive continuous improvement at the service.
- Working relationships were in place with partner agencies. While communication with outside agencies occurred only with a person's consent, the registered manager was aware of who to contact if there was a need to. Referrals were made to health and social care professionals and emergency services were contacted as required. This helped to ensure people's safety and wellbeing.