

# Yourlife Management Services Limited

## Yourlife (Colchester)

### Inspection report

Lancer House, Butt Road  
Colchester  
CO2 7WE

Tel: 01206574030  
Website: [www.yourlife.co.uk](http://www.yourlife.co.uk)

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20 May 2021  
25 May 2021

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21 June 2021

### 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 (Colchester) is a domiciliary care service that provides personal care and support to people living in Lancer House. People can also arrange personal care with external providers if preferred. The service supported two people at the time of the inspection.

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.

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

People's care and support needs were met by staff who knew them well and enjoyed working with them. Staff had been safely recruited and had received training in safeguarding, protecting people from abuse. Staff knew how to recognise abuse and report concerns. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. There were systems in place to learn lessons when things went wrong.

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's communication needs had been assessed and recorded in their care plans. These detailed the person's preferred method of communication and aids or equipment.

People and their relatives were involved in their own care and support planning. This provided guidance for staff to enable them to provide the care and support people have agreed was appropriate to them. Staff promoted people's independence and spent time getting to know people's specific needs and wishes. People's privacy and dignity was respected.

The registered manager carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. No complaints or concerns had been reported before the inspection. People and their relatives told us, "If I had an issue, I feel I could speak to the registered manager and they would listen."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This service was registered with us on 13 December 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 (Colchester)

## 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 two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own apartments within Lancer House.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 May 2021 and ended on 25 May 2021. We visited the office location on 20 May 2021.

#### What we did before the inspection

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 reviewed information we held about the service such as safeguarding concerns and information received from the general public.

We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and one person's relative, about their experience of the care provided. We spoke with five members of staff including the registered manager, duty manager, and care and support workers.

We reviewed a range of records. This included one person's care records and 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 looked at training data and quality assurance records.

# 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

- Systems and processes were in place to protect people from the risk of abuse. Staff we spoke with had received training and knew how to recognise signs of abuse and how to report safeguarding concerns.
- The registered manager was aware of their responsibilities for reporting concerns to CQC. Staff said they were confident the registered manager would address concerns and make the required safeguarding referrals to the local authority.
- Staff were aware of the whistle blowing process and had access to the policy and procedures. Staff told us they felt confident to report any poor practice to the registered manager and external agencies, such as the local authority.

Assessing risk, safety monitoring and management

- An in-depth health and safety assessment of the persons living environment was completed, to identify any potential risks such as falls and trip hazards.
- All staff understood their responsibilities to record and investigate any accidents and incidents that may occur and had access to the policy and procedures.

Staffing and recruitment

- The provider had a system in place for the recruitment of staff, and checks were undertaken to ensure potential staff were suitable to work with vulnerable people.
- People were supported by a consistent team of staff that knew them well. A relative told us, "There are enough staff, I know most of the staff, staff changes are limited."
- There were contingency plans in place to cover short notice staff absence. Duty managers and the registered manager worked care shifts, and covered staff shortages if needed.

Using medicines safely

- Staff had received training in safely administering medicines. Staff told us their competence to administer medicines was checked by the registered manager, who completed unannounced competency checks. A person told us, "Tablets are put in my hand and staff watch me swallow them. I can't fault them on that score, they are meticulous."
- The registered manager told us they completed daily medicines audits. Records were up to date and minor paperwork mistakes had been identified immediately, and rectified, through supervision, reflective practice, refresher training, and further shadowing.

### Preventing and controlling infection

- Staff had received infection prevention control training. Staff told us how they prevent the spread of infection when providing personal care.
- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as masks, disposable aprons and gloves, were available and used by staff when supporting people with personal care.
- The registered manager carried out random and scheduled infection control and PPE audits to ensure staff were following infection control procedures when attending people's care.

### Learning lessons when things go wrong

- Staff were aware of the relevant policies and guidance and knew how to report incidents and accidents. The registered manager told us there had been no incidents or accidents to report.
- There had been no investigations carried out by external organisations such as the local authority, or the provider.

# 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 physical, social and wellbeing needs were holistically assessed before receiving care from the service, to ensure people received good outcomes. The registered manager told us they met with people several times to undertake a full assessment and to determine the person's needs could be met by the domiciliary care agency.
- Care and support were delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. Staff told us they undertook an in-depth induction that included online e-learning and shadowing regular staff to get to know people's needs. One member of staff told us, "This was the best induction I have had in the whole of my career."
- As part of their probationary period staff attained the Care Certificate. The Care Certificate covers an identified set of standards, which health and social care workers are expected to implement, to enable them to provide safe and effective care. Staff told us they had been encouraged to progress their professional development.
- Scheduled and unscheduled spot checks took place to observe and assess staff's competence to deliver safe and effective care.
- Staff told us they were supported by the registered manager and had access to regular formal and informal supervision. A staff member said, "The registered manager is a good manager. Very on the ball with everything, can speak to her at any time. If not available, there is always a duty manager to speak to."

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

- Care plans documented the person's likes and dislikes and how they preferred their food and drinks to be prepared and served.
- People and their relatives told us they were very independent and were able to prepare snacks and drinks. However, people were able to access the on-site restaurant, where staff served people meals, and could monitor any changes in people's dietary needs.

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

- People's records provided information relating to people's health care needs and including specific health

conditions.

- The registered manager told us people, or their relatives managed their healthcare needs. However, if needed and obtaining people's consent, staff could support people to contact their GP and other health professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 make specific 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

- The provider had systems in place to ensure the service was working within the principals of the MCA.
- People receiving care were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way.
- People or their relatives had signed documentation consenting to the care being provided by the staff of Your Life (Colchester) as detailed within their care plan.

# 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 using the service and their relative told us staff treated them with kindness and respect. A relative said, "The staff are nice, and it appears they genuinely do care."
- Staff received dignity in care training. A member of staff told us, "I am a dignity champion and support in the implementation of training for staff." We received positive feedback about the care and support provided. A person told us, "Staff are kind and caring and take note of what I say."
- Staff told us they received equality and diversity training. This meant they knew how to support people whose needs and characteristics were protected under the Equality Act 2010, such as race, sexuality, religion, disability and cultural needs.
- The registered manager told us, should people have cultural or religious needs, these would be discussed at the pre-assessment stage and recorded in their care plans. The service would support people with their religious beliefs.
- Staff were knowledgeable about the people they cared for and knew their individual needs and preferences. One member of staff told us, "I read the care plans before I meet the person. People I support are able to communicate their needs, I ask them what they like or dislike or speak to the carer who supported them before me."

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

- People and relatives were involved in all aspects of decision-making about people's care and support. A relative said, "I am invited to all care reviews, and can ask a range of questions about the care provided."
- People and their relatives told us staff arrived on time and stayed the agreed length of time of the visit.
- Staff told us their rota schedules were developed to ensure there was enough time to provide the appropriate support and care for people. A person told us, "I do not feel rushed by the staff providing care."

Respecting and promoting people's privacy, dignity and independence

- Care plans detailed how people liked their privacy and dignity to be respected. Staff told us how they respected people's privacy and dignity.
- Staff recognised the importance of confidentiality.
- Peoples goals were recorded in their care plans. Staff promoted people's independence. One member of staff told us, "We are there for support, and we encourage people to maintain their independence. I would ask if the person wanted me to wash their back, before washing it for them."

# 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 and their relatives told us they had been fully involved in writing their personalised care plan. They were in control of how the support was provided, and any changes to the care plan.
- People's records included key information about their lives, for example information about their family, background, and skills and interests. This enabled staff to better understand people's needs and have topics of interest to refer to promote conversation.
- Staff told us they had built positive relationships with the people they supported and knew them well. Comments included, "I like spending time talking to and getting to know people" and "I make a point of asking people how they like their tea made."

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's records identified specific communication needs, which included their preferred language, along with information as to hearing or visual impairments. For example, for a person who had a visual impairment, the care plan stated; staff to inform them of any obstacles in their pathway and the care plan and staff rota to be printed in large font.

Improving care quality in response to complaints or concerns

- The service had policies and procedures in place to manage complaints. At the time of the inspection the registered manager told us there had been no complaints recorded.
- People and a relative told us they had not had cause to make a complaint. A relative said, "If I had an issue, I feel I could speak to the registered manager and she would listen, luckily I have not had to do that."

End of life care and support

- People's records included information as to their next of kin and general practitioner in case staff needed to contact someone in an emergency. People's end of life preferences and choices had been discussed and recorded in their advanced care plan.

- People's care plans referenced if a person had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place.
- No end of life care was being delivered at the time of the inspection.

# 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 registered manager and staff told us they promoted a positive person-centred and inclusive culture whereby people were at the heart of everything the service did. People were involved in all decisions about their care.
- The registered manager told us they were visible to people and knew them well. Staff said, "The registered manager will go out of their way to help you." Another member of staff said, "It is a good place to work. The best thing is the people who we support, and the people we work with, we all get on, and we all help each other."

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 registered manager advised no incidents or accidents had taken place, and therefore there had been no notifiable incidents which required reporting to the CQC and other agencies. Therefore, no incidents had taken place which met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

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

- The registered manager told us they were fully supported in their role by the area manager and provider. The duty managers managed the service in the absence of the registered manager.
- Staff understood their roles and responsibilities towards the people they supported. The registered manager told us staff performance was reviewed during supervisions, and continued professional development was encouraged and promoted.
- Duty managers are part of the management team. They assessed people's needs and ensured care staff were meeting people's needs. The registered manager had regular contact with the duty managers to ensure they understood their roles and responsibilities, to assess and monitor people's needs and staff performance.
- There were effective systems in place to monitor the quality and standard of the service. The registered manager was aware of the need for these to develop further as and when the number of people receiving care increased.

- The registered manager listened to staff and shared their concerns, regarding the use of excessive paperwork to record the administration of medicines. The registered manager shared this with senior management, who agreed to improve the design of the Medication Administration Record (MAR) sheet.

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

- The provider had a system in place to share information with staff, and to review the quality of the service being provided, for example through team meetings, staff communication book, surveys, and face to face supervision. This meant staff had a voice and could contribute to and influence the service.
- People gave positive feedback regarding the staff and the registered manager. They told us their views about their care was sought through review meetings and talking to the registered manager. A person said, "I have no complaints, they all carry out their jobs extremely well within their job description."
- The registered manager gave us examples of the professionals they would work with, dependent on people's needs, to ensure people received continuity of care.