

Yourlife Management Services Limited

Yourlife (Leyland)

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 (Leyland) support people to live independently in their own homes and aims to enhance their quality of life by providing personal care services. The service offers individualised care packages on a domiciliary care basis, specifically tailored to a person's requirements. People using the service lived in ordinary flats in a purpose built assisted or tailored care living development. Not everyone using Yourlife (Leyland) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 5 people were receiving the regulated activity.

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

Most risks relating to people's needs had been identified. However, some records did not always provide a detailed plan for managing the risks. Systems were in place to record accidents and incidents. However, these had not been consistently monitored to identify any lessons learned, themes or trends. The registered manager immediately addressed these shortfalls during the inspection by completing all the required risk assessments and by auditing any accidents and incidents to ensure any trend or themes had been acted on.

We have made a recommendation that improvements are made to recording systems that are used for monitoring any risks, themes or trends to ensure they have been recognised and any actions taken recorded.

There were enough numbers of staff on the rota to support the number of people using the service. We received positive feedback from people about the reliability of their visit times. Information required in the staff recruitment files was not always completed in full and some files needed to include more details to ensure the recruitment process was robust. The registered manager acted during the inspection to ensure the files were completed in full.

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. Consent to care and treatment had been obtained and where people lacked capacity relevant others had been involved in supporting people's decision making.

Training records seen demonstrated appropriate and relevant training was provided. Referrals were made to other healthcare services when necessary. People told us they thought the care they received was very good and spoke positively about the staff who supported them.

People told us the staff treated them with respect and dignity and were kind and caring towards them. Care plans demonstrated a person-centred approach. Concerns and complaints were promptly responded to.

End of life care where relevant was done co-working with the community nurses.

Quality monitoring and auditing systems were not all fully established. There was some regular oversight of the safety and quality of the service however, this was not always being formally recorded. There was no recorded analysis or reviews of people's experiences completed in a format to see where improvements to the service could be made.

We have made a recommendation the provider develops and establishes the systems and processes to oversee the quality and safety of the service.

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 17 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made recommendations about recording systems being consistently monitored to ensure any risks, themes or trends have been recognised and any actions taken recorded. And the provider develops and establishes the systems and processes to oversee the quality and safety of the service.

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 effective 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 responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Yourlife (Leyland)

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.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience who made telephone calls to people. 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 or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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 we wanted to be sure there would be management staff available to speak with us.

Inspection activity started on 18 January 2023 and ended on 26 January 2023. We visited the location's

office on 18 January 2023 and made telephone calls to people using the service, their relatives and to staff.

What we did before the inspection

We reviewed information we had received about the service since registering with us. We sought feedback from the local authority. 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 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 3 members of staff including the registered manager. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 9 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 also reviewed

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff completed assessment records that provided a detailed plan for managing risks.
- The provider had systems in place to record accidents and incidents. We saw evidence that action had been taken to appropriately deal with them. However, they were not consistently monitored to identify lessons learned, themes or trends. The registered manager acted during the inspection to address the completion of records to capture this information.

We recommend the provider consistently monitors recording systems to ensure any risks, themes or trends have been recognised and any actions taken are recorded.

Using medicines safely

- Specific guidance for staff to follow when administering 'as and when' PRN medicines was available for most PRN medicines. We found two medicines that did not have the protocols in place. During our visit the registered manager completed the relevant missing protocols.
- People's records were clear as to whether their medicines were prompted or administered by the staff.
- Staff were trained in how to support people with their medicines and their competencies were regularly checked.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse and to provide people's care in a safe way.
- People told us they felt safe with the staff who visited them in their homes. One person said, "I feel safe in their care."
- Staff told us they were comfortable raising any concerns with the registered manager.

Staffing and recruitment

- There were enough numbers of suitably trained staff. People's experiences about the consistency of visit times were very good. One person said, "The service is very reliable." Another person told us, "There is a benefit in them [care staff] being on-site, as they can't be delayed elsewhere."
- Recruitment systems and processes were in place however some records were not consistently completed with required information. The registered manager acted during the inspection and ensured the required information was completed in full.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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

- The staff team carried out an assessment of people's needs before agreeing to provide their care. One person told us, "The manager did an initial formal assessment visit."
- People were regularly included in developing their needs assessment and care plans.
- The registered manager and senior staff referred to current legislation, standards and best practice to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The staff had been trained and had their competencies checked before providing people's care.
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support. One staff member told us, "I've done all the training needed for my job."
- People told us they were happy with the care they received. One relative told us, "The staff have a good knowledge of dementia." A relative said, "The staff have shown themselves to be skilled and knowledgeable."

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

- Staff provided the level of support people needed with preparing meals and drinks or visiting the on-site bistro.
- People had been referred to other services where concerns with eating had been noted.

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services such as the falls team.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. The staff team worked closely with health care services including GPs, pharmacists and district nurses.

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. There were currently no applications to the Court of Protection in the service.

- Staff were knowledgeable about their responsibilities under the MCA and people's rights were protected.
- People and their relatives were regularly involved, consulted with and had agreed with the level of care and treatment provided.

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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and were kind and caring towards them. People were very complimentary about the staff who supported them. One person said, "The staff are all equally competent and caring." Another person told us, "The staff are all wonderful." A relative said, "We were impressed by the professional approach."
- The staff respected people's privacy and promoted their dignity and independence. One person told us, "The staff show excellent respect for me and my home and help me in any way I want it." A relative said, "We appreciate the approach of staff and the respect they show towards us and our home."

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

- The registered manager was in the progress of developing systems and processes to capture people's views of the service.
- People and their relatives could remotely access the electronic rota and care planning system where they could express their views and raise any concerns or queries. One person said, "I have my say on how I want my care conducted and I get exactly that."

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's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual. One person told us, "It seems anything I require can be accommodated."
- People told us they had been involved in their care and support plans. Staff supported them to express their views and make choices about the care delivered. One person told us, "I have a written care plan and they [staff] have done all that they said they would."

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.

- The staff identified people's communication needs and they were recorded as part of the care plan.

Improving care quality in response to complaints or concerns

- The registered manager had effective communications with people and any concerns or complaints had been dealt with as they had arisen.
- People told us they could approach the registered manager about any concerns they had. One person said, "If I had any concerns or issues the manager is readily available." Staff said they would be confident and comfortable raising any concerns directly with the registered manager.

End of life care and support

- The service had systems in place and worked closely with the primary care teams to support people at the end of their life.
- The staff team had relevant experience of caring for people at the end of their life.

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 completed some regular oversight of the safety and quality of the service however this was not always being formally analysed and/or recorded.
- The registered manager took appropriate actions to keep people safe. However, no audits were in place to monitor accidents and incidents to establish if trends or themes were happening that needed to be addressed or lessons to be learned. The registered manager acted during the inspection to ensure this information was collated.
- Oversight systems and processes used needed to be further implemented and embedded by the provider and registered manager.

We recommend the provider further develops and establishes the systems and processes in place to oversee and record the quality and safety of the service.

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

- People could engage and give feedback on the service they received and be involved through their care reviews and at meetings held by the housing management.
- We saw reviews for individual people were completed regularly and people's experience of the service was gathered. However, their views were not always analysed to give direction of where improvements could be made.

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

- The registered manager had taken appropriate actions to address problems as and when they arose.
- We received very positive feedback about the leadership and the management from staff and people using the service. One person told us, "I am very satisfied with the service and I can go to the manager about anything, she is on the ball, a good manager."
- People told us they were very happy with their visit times and were happy with the care and support they received.

Working in partnership with others

- Staff worked effectively in partnership with community health care professionals from multidisciplinary

teams to achieve good outcomes for people.

- The staff told us the registered manager listened to them and was very supportive. One staff member said, "I can ask the manager anything, she's been really supportive since I started here."

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 provider and registered manager understood their responsibilities under the duty of candour.

People's relatives and or relevant others including local authority safeguarding and had been informed of significant events.