

Yourlife Management Services Limited

YourLife (Lancaster)

Inspection report

Williamson Court
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Lancaster
Lancashire
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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?	Requires Improvement ●

Summary of findings

Overall summary

YourLife (Lancaster) support people to live independently within 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.

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.

People using the service lived in ordinary flats in a purpose built assisted or tailored care living development.

Not everyone using YourLife (Lancaster) 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.

The service has recently employed a manager who is not yet registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they felt safe. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff to keep people safe.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. Systems were used to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures.

We found medicines management to be safe within the service. Monthly audits were being completed to ensure the safe management of medicines administration. We found protocols for 'as and when required' medicines were in place where needed.

We found recruitment to be safe at the service. We looked at how the service was staffed. We did this to make sure there were enough staff on duty at all times to support people in their care. We found that there were enough staff to meet the needs of people who used the service.

We found people are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. We found the service was pro-active in supporting people to have sufficient nutrition and hydration. Care plans showed where appropriate the service had made referrals to health care professionals such as the community nursing team and GP's.

We received consistent positive feedback about care provided at YourLife (Lancaster) from people who used the service. People we spoke with told us, "The staff are friends first and foremost."

People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. This supported staff in developing positive and meaningful relationships with people.

We saw care records were written in a person centred way and we observed staff followed the guidance in care records. People had access to external healthcare professionals to maintain their wellbeing.

The service had lots of activities available within the communal areas that people could get involved with if they wanted to. People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure.

We found there was no registered manager at the service. We spoke with the area manager about this and were informed that a manager has been employed and they were awaiting pre-employment checks before the manager could commence employment and register.

We saw evidence of a staff meetings being held regularly. These were well attended by staff. The meetings were used to share best practice and facilitate communication.

The management and staff team have been open and transparent in getting us the information and have worked well with the inspection team.

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.

People told us they felt safe using the service.

The service had systems to manage risks and plans were implemented to ensure people's safety.

Staff were asked to undertake checks prior to their employment with the service to ensure they were not a risk to people who may be vulnerable.

Staff were aware of the provider's safeguarding policy and how to report any potential allegations of abuse or concerns.

Is the service effective?

Good 

The service was effective.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

People's needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink.

Access to healthcare professionals was available when required.

Is the service caring?

Good 

The service was caring.

From our observations during the inspection we saw staff had positive relationships with people who used the service. Staff interacted with people in a kind and caring way.

We received consistent positive comments about the staff and about the care people received.

Staff respected people's privacy and dignity in a caring and

compassionate way.

Is the service responsive?

Good ●

The service was responsive.

There was a complaints policy, which enabled people to raise issues of concern.

Assessments were completed before people accessed the service to ensure that their needs could be met.

Care plans were completed and reviewed in accordance with the persons changing needs.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service does not have a registered manager in place.

A range of quality audits and risk assessments took place to aid continuous improvement at the service.

Staff enjoyed their work however they can sometimes receive conflicting advice from the current management team.

There is a clear strategy to deliver high quality care and support. The staff we spoke with were aware of the company visions and values.

YourLife (Lancaster)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 May 2018 and was unannounced. The inspection team comprised of one adult social care inspector.

Before the inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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.

During the time of inspection there were six people who used the service. We spoke with a range of people about YourLife (Lancaster). They included two people who used the service, the area manager and three staff members.

We closely examined the care records of four people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and visited two people in their own homes.

Is the service safe?

Our findings

People we spoke with told us they felt safe, one person said, "We have no cause for concern, we feel safe with the staff that support us."

People told us they had a care plan which guided staff on their support needs at specific times of the day. There were step-by-step guidelines for morning, lunch, teatime and evening visits. We viewed four care records related to people who were supported by YourLife (Lancaster). We did this to look how risks were identified and managed.

We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff to keep people safe. These risk assessments related to, for example, people's risk of falling, choking and behaviours that challenge. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. The service had a 'zero tolerance of bullying and harassment policy' for both staff and people who used the service. Systems were used to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures. They were aware of their responsibilities to ensure people were protected from abuse.

We looked at how accidents and incidents were managed at the service. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. The documents we viewed were fully completed and had information related to lessons learnt.

We looked at how the service was managing medicines. Monthly audits were being completed to ensure the safe management of medicines administration. We found protocols for 'as and when required' medicines were in place where needed. We looked at medicine administration records of people who lived at YourLife (Lancaster). Records showed medicines had been signed for. This indicated people had received their medicines as prescribed and at the right time. We looked at training records and found staff who administered medicines had received appropriate training for this.

People were protected by suitable procedures for the recruitment of staff. The registered provider had carried out checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at how the service was staffed. We did this to make sure there were enough staff on duty at all times to support people in their care. Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. People we spoke with told us, "Staff always arrive on time

and will stay the amount of time they need to, they always ask if there is any other support we require."

We looked at how the service minimised the risk of infections. We found staff had undertaken training in infection control. People and staff confirmed staff wore gloves and aprons when providing personal care.

Is the service effective?

Our findings

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. Applications must be made to the Court of Protection. There were currently no applications to the Court of Protection in the service.

We found people's capacity to consent to care had been assessed where required. Staff had received training around the MCA. We spoke to staff about their understanding of MCA and were assured by their knowledge.

We found staff felt they received adequate training to care for people effectively. We observed staff put their training into practice while delivering care to people. For example, we observed staff helping someone who was confused. We observed the staff member offered support in a skilled and knowledgeable way. One person we spoke with said, "The staff are great they know what they are doing and get on with it."

We saw new staff were required to complete a number of training courses and complete some shadowing with other staff members prior to working unsupervised.

We reviewed staff supervision and appraisals at this inspection and found these were taking place and documented. Staff told us they were able to access informal support from other staff members and management in between supervisions.

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. For example, the National Institute for Health and Care Excellence (NICE), MCA, Health and Safety and LOLER (Lifting Operations and Lifting Equipment Regulations 1998) regulations. This demonstrated the management were aware of their responsibility to use national guidelines to inform care and support practice at the service.

The Food Standards Agency had awarded YourLife (Lancaster) their top rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We found the service was pro-active in supporting people to have sufficient nutrition and hydration. We observed lunch time and found this to be a pleasant experience. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences.

Care plans showed where appropriate the service had made referrals to health care professionals such as the community nursing team and GP's. Care staff demonstrated knowledge of the additional support being provided to people by the community nursing care team. This helped ensure people received care which was consistent with their assessed needs.

Is the service caring?

Our findings

We received consistent positive feedback about care provided at YourLife (Lancaster) from people who used the service. People we spoke with told us, "The staff are friends first and foremost." And, "The staff are marvellous."

We observed staff as they went about their duties and provided care and support. We saw staff speaking with people who lived at the service in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact. We saw staff helping one person to mobilise around the communal area.

We saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used. Staff understood how to respect people's privacy, dignity and rights and received training in this area. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks. People we spoke with confirmed staff respected their privacy and dignity.

The area manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. This supported staff in developing positive and meaningful relationships with people.

People we spoke with told us they were offered a variety of choices, which promoted independence, such as what they wanted to do. People we spoke with told us their independence was maintained and promoted by the staff. One person said, "They don't rush me and they respect the choices I make, if I want to stay in bed that's fine."

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We saw the provider was in the process of sourcing an equality and diversity training course for staff. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Is the service responsive?

Our findings

One person we spoke with told us the service was responsive. They told us, "The staff know me and my needs and will get help if I need it."

We saw care records were written in a person centred way and we observed staff followed the guidance in care records. Staff took note of the records and provided care which was person centred. For example, we observed staff working with people on a one to one basis helping them to mobilise around communal areas and avoid situations that could cause distress. The staff were gentle with the person and used good communication and distraction techniques.

Care plans were clear and concise and the information contained within them was easy to follow. Care records were regularly reviewed; this meant people received personalised care, which met their changing needs.

We found assessments were carried out by management prior to any person being accepted into the service. Assessments took place to ensure people's needs could be met. People's initial assessments had been used to create their care plan. Individuals and their relevant family members if appropriate had been consulted during the assessment process.

Documentation was shared with other professional's about people's needs on a need to know basis. For example, when a person visited the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided for them.

People had access to external healthcare professionals to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw people received the appointments they needed.

People told us staff communicated with them regularly to ensure they were aware of any matters affecting people's care. One person told us, "The staff are great they keep me up to date with anything I need to know."

The service had lots of activities available within the communal areas that people could get involved with if they wanted to. Activities included games afternoon, quiz evenings, arts and crafts and keep fit classes. People were supported by staff with activities to minimise the risk of becoming socially isolated. An example was seen in one person's care file where the person enjoyed spending time on the roof terrace, staff supported them with this. The provider had taken steps to meet people's cultural needs by ensuring support was available and staff respected their needs.

People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure. No complaints had been received by the service to date. We saw evidence of how complaints would be reviewed, investigated and responded to. People we spoke with said they felt comfortable raising

concerns if they were unhappy about any aspect of their care. One person told us, "I have not had any complaints, I'm sure concerns would be listened to and acted on."

The service is not currently supporting people who were considered end of life. We saw that people had Do Not Attempt CPR (DNACPR) orders in place; this was highlighted in their care file. The purpose of DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. We discussed end of life care planning with the area manager and they were aware of best practice guidelines to identify record and meet people's end of life preferences and wishes.

Is the service well-led?

Our findings

We found there was no registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with the area manager about this and were informed that a manager has been employed and they were awaiting pre-employment checks before the manager could commence employment and register. Oversight was being provided by two registered managers from other services within the YourLife group. Additionally, the area manager was available for the staff to contact and an area support manager was on site.

Staff told us that they felt supported in their role. However, staff made us aware that they can sometimes receive conflicting information from the management when they sought advice. The staff felt that this impacted on the role at present and that they would benefit from having one point of contact for support. We discussed this with the area manager and they recognised that this needed to be addressed in the interim period before the new manager takes up the post.

We saw evidence quarterly quality monitoring was being undertaken. This looked at feedback from people using the service, staff, risks and concerns. The documentation included action plans and delegation of tasks which were reviewed. This demonstrated the results of audits were used to improve the quality of the service provided.

We saw evidence of a staff meetings being held regularly. These were well attended by staff. The meetings were used to share best practice and facilitate communication. Surveys were sent to people who used the service to gain their views. This information was analysed and action taken to facilitate improvements at the service. Staff surveys were completed and the feedback analysed to allow for actions to be implemented.

We looked at policies and procedures related to the running of the service. These were in place and reviewed every year. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The manager of the service had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The management and staff team have been open and transparent in getting us the information and have worked well with the inspection team.

