

Yourlife Management Services Limited

YourLife (Ickenham)

Inspection report

Lysander House
Heritage Place
Uxbridge
Middlesex
UB10 8FB

Date of inspection visit:
08 February 2018

Date of publication:
10 May 2018

Tel: 01895675708

Website: www.yourlife.co.uk

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

This inspection took place on the 8 February 2018 and was announced. This service was registered in February 2017 and this was the service first inspection.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built 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.

This service is situated in Lysander House and provides care and support to people living in 55 flats. The flats are purpose-built in a shared building. The accommodation is bought, and is the occupant's own home. At the time of our inspection, five people were being offered personal care. People living at the service were required to be aged 70 years and older.

People lived in their own flats and were referred to as 'Home owners' by the provider. There was a large well equipped communal lounge. A communal restaurant provided a lunch time service with a large dining area and smaller quiet dining room area that could be used for special events by people and their family members. There were hairdressing, library, therapy and hobbies rooms, and a communal garden for people's use.

There was a registered manager in post. 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 highlighting meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives spoke highly about the care and support they received from the registered manager and staff. They described they felt safe as the registered manager and staff responded well to their concerns.

The registered manager reported safeguarding adult concerns appropriately and care staff could tell us how they would recognise possible signs of abuse. People had risk assessments with measures in place to mitigate the risk of harm.

The provider had safe recruitment processes and the registered manager ensured there was enough staff to meet people's care and support needs.

Staff were well trained and confirmed they felt well supported both informally and through supervision sessions. The management team attended training to increase their knowledge and keep abreast of changes in legislation.

The registered manager assessed people prior to offering personal care. People had person centred plans and staff supported people in the way they wished to be cared for.

Staff supported people to access the appropriate health care and they ensured people they cared for were eating and drinking enough. Staff had received medicines administration training and followed the provider's medicine policy and procedures.

The registered manager understood their responsibility under the Mental Capacity Act 2005. Staff were able to tell us how they asked people's permission and gave people choice.

People told us they knew how to complain and said they would feel confident making a complaint to the registered manager.

The provider was supportive of the management team and registered manager. They asked for people's feedback on a regular basis.

There were good governance systems in place to monitor and quality assure the service provided.

The registered manager and provider worked in partnership to ensure people received a good service from health professionals. They were working with other organisations to continue to develop sustainable and effective housing provisions for people living with dementia.

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. The provider had procedures in place to ensure people's safety and care staff demonstrated they recognised possible signs of abuse. They knew how to report concerns by following the correct procedure.

The registered manager demonstrated how they learnt from mistakes when something went wrong. They told us how their learning would be shared with care staff.

The registered manager ensured that there were sufficient staff to meet people's needs. Recruitment procedures were in place to facilitate the safe recruitment of staff.

Staff received training to administer medicines and there were procedures in place to ensure the safe administration of medicines.

Good 

Is the service effective?

The service was effective. Care staff told us they were well supported by the registered manager and management team. They confirmed they received training and supervision to enable them to undertake their role.

Staff supported people to eat healthily and drink enough to remain hydrated.

Staff supported people to access appropriate health care and kept relatives informed when people were unwell.

The registered manager worked under the Mental Capacity Act 2005 and care staff demonstrated they gave people choices and asked for consent prior to giving care.

Good 

Is the service caring?

The service was caring. People and relatives described the registered manager and staff as very kind and caring.

Care plans contained information to inform staff how people communicated and what support they might need in order to

Good 

make a decision.

Staff described to us how they maintained people's privacy and dignity.

Is the service responsive?

The service was responsive. People had person centred plans that contained guidance for staff about how they wished to be supported.

People told us they knew how to complain and said they felt confident to make complaints to the registered manager.

Good ●

Is the service well-led?

The service was well led. The registered manager was described as a good leader by people, relatives, and staff.

The provider had systems in place to audit and check the quality of the service provided.

People and relatives were asked their views on the quality of the service provided through surveys and care plan reviews.

The registered manager and the management team worked in partnership with other agencies.

Good ●

YourLife (Ickenham)

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 was planned to check 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 8 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one inspector. Prior to this inspection, the provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service. We reviewed information we held about the service. This included previous notifications we had received. A notification is information about important events that the provider is required to send us by law.

We reviewed two people's care records. This included associated documents such as risk assessments, recording charts and daily notes. We looked at one person's medicine administration records. We met eight people living in the service, two of whom received personal care support and two relatives.

We reviewed three staff personnel records, including their recruitment and training documentation. We spoke with one care staff, the duty manager, the registered manager, and the area manager.

Is the service safe?

Our findings

People told us they felt safe. Their comments included, "Quite satisfied", and "They respond well." Staff had received safeguarding adults training and were able to tell us how they would recognise possible signs of abuse and what action they would take. One care staff member told us, "I would report to the manager and record what I see and where." They continued to say if the provider did not take appropriate action to investigate they, "Would report higher to the police or the CQC." The registered manager demonstrated they had notified the local authority and the CQC of possible safeguarding adult concerns in an appropriate manner. They reviewed incident and accidents reports, daily notes, and handover reports to ensure that care staff had reported all concerns to them.

The registered manager undertook investigations when there were safeguarding concerns under the instructions of the local safeguarding team and when an incident occurred or when something went wrong. The registered manager showed us that they were thorough in their investigations and they told us how they would learn from a mistake and share the learning with the staff team. In addition, they described sharing their learning with other registered managers in the organisation demonstrating that the provider had a culture of learning from mistakes and sharing that knowledge across the services.

People had thorough risk assessments to help keep them safe. Risk assessments included nutrition and hydration, falls, moving and handling, social isolation, medicines, and skin integrity. Measures were identified to mitigate the risk of harm. One person at risk of falls had an alarm pendant to support them to get help should they fall when unattended. Their care plan reminded staff to ensure they were wearing their alarm pendant before the staff left them following personal care. The registered manager ensured people who went out in the local area and were assessed as being at risk of becoming lost, had measures in place to support their independence whilst helping to ensure their safety. These measures included ensuring they carried identification, their address details, and their mobile phone. In addition, there was a missing person procedure for staff to follow should the occasion arise.

The provider had systems and procedures in place to ensure the safe recruitment of staff. Staff completed an application form and they were asked to justify any gaps in employment. Staff were interviewed to assess their suitability and aptitude for a caring role. The provider asked for references from past employers and obtained proof of identity and address. The provider asked staff to complete criminal record checks to confirm they were safe to work with people.

At the time of our inspection, there were nine staff employed delivering approximately 21 hours of personal care each week. Care staff undertook a number of duties as part of their role. These included care and support, waiting on table and cleaning. The registered manager explained that care and support always came first as the priority for people and other duties were secondary to that role. They told us they were still recruiting and would recruit more staff should the hours provided for personal care work increase. In unexpected staff absences, the duty manager or the registered manager covered to provide care.

Staff received training to administer medicines and were observed managing medicines to assess they were

competent. One care worker told us, "Yes I received training and I was observed giving medicines." People had medicines care plans that gave staff guidance about what level of support the person required with their medicines. We looked at one person's medicine administration records. Their care plans stated where medicines were kept in their flat, what medicines were to be given and at which specific times. We saw this person's medicine records were completed without error or gaps.

Staff had received infection control training. Their duties included cleaning the communal areas and providing one hour cleaning to each flat every week. Care staff wore protective equipment that included gloves and aprons. People's care plans were explicit about the use of protective equipment and stated for instance, "Wear gloves and apron" and "Change apron and gloves between tasks." In addition, because the care staff role included waiting on table in the dining area they changed from their care uniform to their waiting uniform prior to lunch to ensure there was no risk of cross infection.

Is the service effective?

Our findings

The registered manager met with people, and when appropriate their relatives, before they started providing a service to them. They completed an assessment to understand what care they required and how they wanted their care delivered. They referred to previous professional assessments that had taken place and recorded the outcomes that people wanted achieved. We saw that the package of care was reviewed in response to changes of circumstances and on a regular basis to ensure the support was still appropriate to the person's needs and wishes.

Staff received six weekly supervision sessions for support, to identify training needs and to discuss good practice. Staff told us the provider was supportive. Their comments included, "Oh yes well supported" and "We had lots of training", and "I shadowed [Registered manager and deputy manager] and they showed me how we need to give care." We saw that care staff had completed training that included safeguarding adults, Mental Capacity Act 2005 (MCA), health and safety, equality and diversity, dignity and privacy and medicines administration. Staff told us that training was mandatory and if they missed a training session at their local "group base", they would be asked to complete that training at another service to ensure they were up to date.

The staff had received dementia training to support them to meet people's needs. The registered manager showed us they had printed out and displayed information in the staff room for staff reference to increase their knowledge about specific health issues. When we visited there was an Alzheimer's Concern fact sheet titled, "Living with Dementia", and an article about diabetes displayed to support staff learning.

People had their own flats and could cook for themselves in their kitchens. The scheme also had an integral restaurant and dining area. There was a varied lunchtime menu and the meals were cooked on the premises by a separate catering company. There was a comments sheet and people could give feedback on a daily basis. The registered manager liaised with the company and followed up any concerns raised by people. There were water, tea and coffee machines for people's use in the communal lounge area and this encouraged people to drink and to remain hydrated.

People's eating and drinking support needs were assessed and their care plans contained guidance for staff to meet any identified needs. For instance, one person had been referred to the speech and language therapist and had been assessed as at risk of choking when swallowing. They received a pureed diet and staff were given guidance with regard to how to position the person when they ate to avoid choking. The eating and drinking support guidance was highlighted in red to draw attention to it.

People who were at risk of dehydration had detailed care plans to support them to remain hydrated. One person required drinks to be given with a thickener added. Guidelines for how to prepare the drinks were in place. Care plans contained reminders for staff to leave people with drinks so they had enough to drink when staff were not present. When people were at risk of dehydration and poor diet food and fluid intake was recorded by staff to monitor their daily consumption. Staff were able to tell us about people's dietary support needs in line with the care plan guidance and this showed they had a good knowledge of people's

needs in this area.

Care staff had received first aid training to equip them to support people in an emergency. People told us that the care staff and the registered manager, "Respond well" in a health emergency. They gave examples of the emergency services being called when they had required urgent medical support. One person said, "They don't hesitate and they stay with you while the ambulance comes." Another person described someone being generally unwell and how the care staff checked them and, "made them cups of tea."

We saw that medical professionals such as the GP, district nurse had been called when people required support. We saw that referrals for the speech and language therapist and the falls clinic had been made in a timely manner. There was a chiropodist available every two weeks to provide foot care within the scheme. Relatives confirmed they were kept well informed by the registered manager when their family members were unwell they told us, "They always let us know what is going on, if a doctor has been called or the person who does their feet has visited, they e-mail us, they look after [person]."

The registered manager had requested that Yourlife Management Services national dementia advisor to talk with both staff and people about dementia. The dementia advisor gave a talk to raise people's awareness about how dementia might affect people living in the service and to provide ongoing advice and support to staff.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

We found the provider and staff were working under the MCA appropriately. Staff had received MCA training and were able to tell us about how they supported people to make decisions. One staff member told us, "You need to give people choice, their own control and own choice." Care staff explained how gained people's consent prior to offering care. They described how if a person did not want their personal care support they would come back and ask them again a little later when they might feel more inclined to accept their support. Care plan records contained signed consent forms for information to be shared and care plans were signed by people to show consent to care and treatment.

We saw evidence that mental capacity assessments had been carried out and when appropriate best interests meetings had been held to determine the decision for the person to achieve best outcomes for them.

Care plans contained information to inform staff if people had a nominated person who was their Lasting Power of Attorney (LPA). This is a person, who is legally able to make decisions on another person's behalf. The provider kept documentation where people's representatives had an LPA in place, to confirm this.

Is the service caring?

Our findings

Feedback from people and their relatives about staff and the service they received was very positive. People's comments included "I'm happy with the carers", and "They are all lovely people without exception." Relatives told us staff were, "Very kind, lovely", and "Respectful." One relative described the registered manager as "Fantastic" and continued to say that they were, "Very good, so kind from the word go."

Staff spoke positively about people living in the scheme and told us how they build relationships with people. One care staff member said, "Everyone is different you can't approach all the same way...I will ask and talk with them slowly, slowly build up trust...communication is the best thing."

The management team and registered manager described that people had moved into the flats gradually and they had been able to spend quality time with people to get to know them and their families. They explained they were always available and we saw that they spent time with people, and sometimes had a joke and a chat. This created a warm welcoming atmosphere in the scheme.

People's care plans informed staff how people communicated and how they made decisions. Care plans contained information about how care was to be provided and meeting discussions that showed people were fully involved in developing these. Care plans contained practical information for staff to ensure they had the best opportunity to understand what was being said, for example, one person to wear their hearing aid when talking with them.

One staff member told us they thought that when working with people that, "Communication is all." People's care plans contained a section on "Top tips for talking to me." This named people's interests, what subjects to avoid and when to provide reassurance, this helped staff to converse with people and support them.

The staff told us how they promoted people's dignity. One staff member described supporting one person who could sometimes neglect themselves by not getting up, and not washing when their mood was poor. They told us how they encouraged the person and promoted their self-esteem to raise their mood and to make them feel more comfortable by changing their bed sheets and offering a wash to feel fresher.

Staff described ensuring people's privacy by, "Giving them space" when they were not in the mood to see people. In addition, they said they supported people's dignity and privacy by closing the curtains and covering the person with a towel to protect their modesty when supporting them with personal care.

Is the service responsive?

Our findings

People had person centred care plans that contained a one page profile that told staff about the person. This included how they liked to be addressed, a brief background about their previous employment, their interests and their likes and dislikes. This gave staff a picture of the person in the context of their life. People's profiles also contained information about their needs in relation to their background, ethnicity, culture, and religion.

People's profiles contained a brief overview of the person's support needs, for example, "Support me as best as possible to maintain good personal hygiene, good nutrition, and keep me hydrated and give me emotional support." People's care plans were very detailed as to the care they required and clearly stated what support they needed and their preferences about how it should be given. For instance, "I like to use my sponge when having a shower" or that a person liked to shower with water at a certain temperature. Care plan information described what people could do for themselves with guidance for staff as to the assistance people required to remain independent, for example, "I would like the carer to hand over my shaver to me."

The registered manager was responsive to the needs of people living with dementia and looked at ways to promote their independence and safety. For example where a person was disorientated to time and place because of dementia the staff had supported the person to recognise their flat by placing a photo and the doormat from their old house outside their front door. This helped them to recognise their flat. The provider was exploring other ways to further promote the independence and wellbeing of people's with dementia.

People lived in their individual flats, but could if they wished, attend a number of activities based in the communal lounge and hobbies room. Activities were arranged with regard to people's preferences and included exercise to music, an art group, and coffee mornings. There were also events such as a quiz night, games night, movie night, fish and chip suppers and a Halloween party. Some people told us they sat in the communal lounge most days, "Just chatting, always someone there to chat to, you never need to be lonely."

The provider had systems in place to support people to raise complaints. People told us they felt they could complain if they wished to. One person said, "Of course I would say something, I could complain about anything if there was a problem." Relatives also told us they felt able to complain and said, "Would be able to raise a concern with [registered manager]." The complaints policy was provided in the service user guide and displayed on the communal notice board by the office.

The registered manager kept a log with an overview matrix to monitor complaints made. The registered manager explained that they or the duty manager were both visible in the service on a daily basis as their office was situated close to the main entrance and they walked around the scheme throughout the day. People could approach them and they would address any concern immediately. In addition, there was a monthly coffee morning meeting that the area manager attended and people could raise any concerns to them during or following the meeting. People confirmed the area manager attended their monthly coffee morning meeting and that they found they responded well to any concerns raised.

People's care plans contained information about their status in regard to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision. Care plans seen also highlighted clearly in red where there was not a decision made. People whose plans we reviewed did not have end of life care needs and therefore, there was no end of life care plans in place. The registered manager showed us the provider, "End of Life" policy that contained clear guidelines as to how end of life care needs would be assessed and how the staff would work with other agencies to provide end of life care in the person's home if that was their wish. The registered manager told us how they would work with the person, their relatives, and professionals to give people the end of life support they required.

Is the service well-led?

Our findings

Yourlife Management Services stated their values were "passion, responsibility, innovation, determination, and excellence". Staff, people, and their relatives spoke positively about the provider. One staff member told us, "The company are really, really caring, they go the extra mile, they listen to people and come back and speak with people to learn how to improve." There was a photo display of the senior management team on the communal notice board and people knew some senior managers by name and described the senior management team as approachable and responsive.

The provider consistently asked for feedback and responded well to people's views and comments. The registered manager told us once a new scheme was opened and became established the senior management team visited people to talk with them as to how they might make improvements to this scheme and future schemes. There was a six monthly survey sent to all people living at the scheme. The survey was largely environment based but people were asked about staff responsiveness and the service they offered. People who were provided with care and support were asked their opinions of the care provided on a regular basis in their care plan reviews.

Both the registered manager and duty manager told us they felt well supported by the provider and felt hard work was appreciated, recognised, and rewarded. Staff told us the provider recognised good work. The registered manager had won an internal award, "North London Pride Award" in September 2017, for their "passion and determination in their work." The award stated, "Work together to enrich the lives of our customers." The registered manager explained there were quarterly awards for excellence, they felt it helped to recognise achievements and create a strong working relationship with colleagues and home owners.

The registered manager was highly spoken about by staff, people, and relatives. Staff comments included, "[Registered manager] is an approachable manager I've learnt a lot from her", and, "Gave good support, always praise for good work." They described the registered manager as very positive and knowledgeable.

The provider had good governance systems in place to check and audit the quality of the service provided. There was a thorough handover and checklist to the oncoming shift on each occasion that included duties to be undertaken and prompted environmental, daily notes and records checks. The medicine administration records were checked when administered by a second staff member to mitigate the risk of error and audited by the registered manager on a weekly basis. The area manager completed bimonthly audits. We saw these were thorough and audits generated an action plan to address any concerns identified. Actions were rated green, amber, or red to denote urgency and gave timescales for completion. The registered manager demonstrated they addressed the actions identified. For example, supervision sessions scheduled as due in an action plan had been completed.

We saw that the management team were continuously learning for the benefit and improvement of the service provided. The duty manager told us that they were undertaking their Level 5 in Health and Social Care management and was being encouraged and well supported by the registered manager. The registered manager told us they were attending the local authority registered manager forums where they

could learn from other registered managers and ensure they were aware of changes in policy and legislation.

The registered manager showed us that the provider had contributed and signed up to the Dementia Friendly Housing Charter produced by the Alzheimer's Society that looked at the challenges of making extra care housing truly accessible for people with dementia. There was guidance in the charter from the Alzheimer's society about how housing provision could support people to remain in their own homes for longer and prevent issues like social isolation.

The provider was utilizing electronic systems for the benefit of people at the service. For example, there was a call bell system in each flat and people wore wrist bands that alerted the system and let the staff know if they had fallen. The provider was working with a specific company to keep abreast of new technology developments in the care field. They had information guides available for people's use about technology support for people living with dementia. For instance, if there was a concern that someone may leave a water tap running there was a sensor to warn of flooding. This approach was for the benefit of people who were currently living in the service with dementia and acknowledged the need for the provider's future housing provision to continue to develop to ensure effectiveness and sustainability.

The registered manager worked with health professionals on behalf of people to ensure they received good health care. They had invited both the Police and the London Fire Service to talk with people at the "Home owner meetings." This had proved successful and demonstrated the provider was working in partnership with other agencies to keep people safe in their homes and local community.