

## Yourlife Management Services Limited

# YourLife (Southport)

### Inspection report

Brunlees Court  
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Southport  
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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 Southport is an extra care service. It specialises in retirement living and is registered to provide personal care to people who live in their own apartments within a dedicated housing scheme. There were some shared areas including a restaurant.

Everyone told us they felt safe receiving care from the staff. No one required support with medication. Risk assessments were in place and reviewed regularly or when needed. Staff were recruited safely and followed infection control procedures.

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. Staff were trained and supervised. People told us they were supported with their meals, and most people ate together in the restaurant.

People commented on the caring nature of the staff. We spent time talking to people, talking to staff and observing engagement. Documentation was kept securely, and people's independence and choice were promoted within their care plans.

Person centred care was apparent in care plans, and our observations. People's background and preferences for support were well documented in their care plans and staff knew people well. People told us they knew how to complain. Staff were trained in end of life care and support.

There was a registered manager in place and people spoke positively about them. The registered manager was aware of their roles and responsibilities. People had been engaged with and asked for their feedback, and there was good partnership working between Yourlife Southport and the housing provider. Audits took place and action plans were developed and allocated.

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

### Rating at last inspection

At our last inspection this service was rated good. (Report published 11 November 2016). At this inspection the service remained good.

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yourlife Southport on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 (Southport)

## 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 conducted by one inspector.

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 premises used for extra care housing; this inspection looked at people's personal care and support service.

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.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager.

We spent time in communal areas talking to people at length and asking them about their care and support. We also observed staff interaction and relationships with people. We reviewed a range of records. This

included two people's care 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff attended training in safeguarding adults.
- Staff were able to describe the course of action they would take if they felt someone was being harmed or abused.
- There was information displayed around the scheme which contained contact details of the local safeguarding authority.

Assessing risk, safety monitoring and management

- Everyone we spoke with said the staff made them feel safe and secure. Comments included, "It is great", "Amazing place to live" and "Staff are always here if I need them."
- People had risk assessments in place which were reviewed regularly to help minimise the risk of harm occurring. For example, for one person, we saw that they used a hoist to transfer. The registered manager had completed moving hand handling assessments on the hoist and sling, and there was clear instruction for the staff to follow to hoist the person safely.
- Environmental risk assessments were completed in people's individual apartments before the staff provided personal care to ensure the staff were safe.

Staffing and recruitment

- Staff recruitment continued to be safe, we checked two staff recruitment files, and saw recruitment checks had taken place on the staff members before they started working at the scheme.
- Staff told us, and we observed that there was enough staff on duty to support people safely. People we spoke with told us they saw the same staff, and they never missed their visits.

Using medicines safely

- There was no one currently receiving support with medication. People chose to self-administer their own medications in their apartments. This was risk assessed by the registered manager.
- Staff had undergone training in medication administration.

Preventing and controlling infection

- Staff wore gloves and aprons where appropriate, and we saw staff wore different coloured tunics when providing personal care and serving lunch to prevent cross contamination.
- There was hand gel around the scheme and contracts in place to dispose of hazardous waste.

### Learning lessons when things go wrong

- The registered manager discussed recent staffing issues which has resulted in them re-evaluating their recruitment and selection process to ensure that more information is requested around staff members skills and experience.

# 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.

At the last inspection this key question was rated as good. At this inspection the rating remained 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 had a pre-assessment in place before they received care from Yourlife Southport.
- This information was collected with the persons involvement and focused on what they wanted from their care package.
- This information went on to form the basis of the person's person-centred plan and one-page profile.

Staff support: induction, training, skills and experience

- Staff were appropriately trained, inducted and supervised in line with the registered providers policies and procedures.
- We viewed the training matrix as we noticed that some of the dates for staff training had lapsed, however upon further inspection, we saw that a new training recording system was being introduced and some of the data had not transferred over yet.
- Staff we spoke with said they felt well trained, and they could always request additional support if they felt they required it.

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

- Everyone who lived at the scheme had their own kitchens in their apartments and mostly prepared their own meals.
- There was a restaurant within the scheme, and most people chose to eat their meals together in the restaurant. People were provided with a menu at the beginning of each week so they could select what meals they wanted.
- There was also a 'Tray Service' within the scheme, where care staff would bring people a tray up to their apartment with the meal of their choice.

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

- People we spoke with said the staff always arrived promptly at their apartments to provide care.
- Staff supported people to make and manage appointments with other health professionals such as GPs or dentists where needed.

Adapting service, design, decoration to meet people's needs

- People had purchased their own apartments independently, therefore they had adapted them to suit



themselves.

- There were communal lounges, restaurants and activities on offer in the scheme, and people used these for opportunities to socialise.

#### 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one receiving care and treatment under an order from the Court of Protection.
- People had capacity to make their own decisions and choices, and they had signed their own care plans and consent forms themselves.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 we spoke with expressed how much they liked and respected the staff. Comments included, "You won't ever get a nicer place as this." "The staff can't do enough to help you." Another person said, "The staff know I do mist things myself, and they respect that, which I like."
- People's support plans contained in depth information with regards to how staff should speak to the person, including their preferred choice of name, and whether they required any support to make appointment for the day.

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

- Each person's care plan had been signed by them. Care plan reviews took place every six months, and risk assessments were checked every month to assure they met the person's needs.
- People told us staff kept diary sheets in their care plans and they could request to look at them whenever they wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us they were asked whether they preferred a male or female carer. One person said they had no preference, because none of the staff 'made them feel uncomfortable.'
- One person's care plan specified that they only wanted female staff support for showering and washing and dressing.
- Records were stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Each person received care that was right for them.
- We spent time talking to people and asking them about their care and preferences for support. People told us they had control over their care package, and staff worked 'around them'.
- We observed staff engaging in conversations with people which were relaxed and friendly.
- Care plans viewed also described people's background and preferences for support. Each person had a one page profile in place which contained information about the person and their likes and dislikes.

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.

- We saw that some information was available in large print for people who required it.
- We spoke with the registered manager who told us they had made information available in different languages for one person who required it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Even though people could choose to live independently at the scheme, there was a large emphasis on social inclusions and friendships.
- Meal times were an example of this, and we saw people sitting and chatting in the restaurant with their friends.
- The communal lounges contained drink stations where people could help themselves. People sat together and chatted throughout the duration of our inspection.
- The service arranged for external activities and day trips to take place if people chose to take part. People we spoke with said they liked this and it prevented them from feeling lonely.

Improving care quality in response to complaints or concerns

- We saw that people had used the complaints process effectively and complaints at the scheme had been dealt with.

- There was information which was visible around the scheme which described the process of complaining, and who people should speak to.
- Everyone we spoke with on the day of our inspection said they did not have cause to complain.

#### End of life care and support

- Staff were trained in end of life care and support.
- Most people had been supported to remain in their apartments as long as possible if this was their wish. Last wishes were discussed with people.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained 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

- Everyone we spoke with, staff and people receiving a service, said they liked the registered manager and they felt they were efficient, friendly, and 'dealt with issues.'
- All of the staff told us they enjoyed working at the scheme and they would recommend working there to others.

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

- There were policies and procedures in place for staff to follow and refer to.
- The registered manager was clear with regards to their role and remit and had notified CQC of all incidents.
- The registered manager discussed improvements they had made following audits, such as staff training and how it was delivered, and the process for interviewing staff.
- Audits took place in a range of areas such as care plans, feedback, and staffing. We saw the audits were completed by the area manager and any actions were assigned to registered manager for completion. These were then checked at the next audit the following month. There were no outstanding actions from audits.

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

- Questionnaires were sent out every year to ask for feedback about the service.
- We looked at the results from the last two years and saw that no one raised any concerns and the satisfied responses were above 90 per cent.
- People attended 'home owner' meetings, which they ran themselves in the communal areas. The registered manager was invited to attend these meetings.
- Staff meetings took place every month. Staff told us they worked well together.

Continuous learning and improving care

- The registered manager discussed how they had changed their recruitment process to ensure the correct

questions were asked at interview stage. They explained how they felt this would ensure the right staff were recruited into the roles.

Working in partnership with others

- The registered manager worked closely with the housing provider to ensure the building was maintained to a high standard.