

Yourlife Management Services Limited

Yourlife (Market Harborough)

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 Market Harborough is registered to provide personal care 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 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.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were five people receiving personal care at the time of the inspection.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe with the staff who supported them. People could request emergency assistance if needed. Staff knew how to keep people safe from harm, they knew how to report safeguarding concerns and felt confident about whistle blowing should concerns arise. People told us they knew how to complain and felt confident if they raised concerns they would be addressed.

There were enough staff that had been recruited safely and had the right skills to meet people's care needs. People told us occasionally staff would be late, but they would usually let them know in advance if this was the case. Staff gave positive feedback about the training provided and the support they received from the registered manager.

People that needed staff to support them with their medicines, received their medicines at the correct time and in their preferred way. Staff did not give people medicines unless they had been trained and assessed as competent to do so. The medicines systems and processes in place were safe.

Staff wore the correct Personal Protective Equipment (PPE) when providing personal care to people. Staff told us they followed current government guidance for COVID-19.

People's care plans and risk assessments contained enough information for staff to provide safe care to them. They were personalised, detailed people's preferences and wishes and how they wished to be cared for, whilst respecting their privacy and dignity. People and staff told us they enjoyed each other's company. People told us staff were kind and caring.

Staff were observant to changes in people's needs and facilitated people accessing healthcare services

where needed. Most people chose to purchase their meals, but where they needed support with preparing simple meals, snacks and drinks, staff did so. Care plans prompted staff to remind people to have a drink during their care calls.

The service was well-led. We observed people and staff enter the office to speak with the registered manager during the inspection. People and staff spoke highly of the registered manager. The registered manager had a good oversight of the quality and safety of the service and of the regulatory requirements. Staff felt valued by the management team. There was a focus on continuous improvement and lessons were learned when things went wrong to reduce the likelihood of recurrence.

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 June 2020 and this is the first inspection.

Why we inspected

This was the services first inspection.

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 (Market Harborough)

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 the service is small, and people are often out. We wanted to be sure there would be people available to speak with us.

The inspection started on 23 May 2022 and ended on 24 May 2022. We visited the location on 23 May 2022 and visited people in their homes. We made telephone calls on 24 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, duty manager and care staff.

We reviewed a range of records. This included two people's care records and two medicines administration records. We looked at two staff files in relation to recruitment and training.

A variety of records relating to the management of the service, were 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.

Staffing and recruitment

- There were enough staff available to meet people's care needs. People told us on occasion staff might be late, but they would always let them know if this was the case. A staff member said, "You don't want to run over as it makes you late for other calls, I always apologise if I am late."
- Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking suitable references and undertaking checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

- People received their medicines as prescribed, on time and in their preferred way. They were supported to take these by competent and knowledgeable staff. One person told us their medicines were, "Always right and on time."
- Medicines administration records (MAR) for applying patches that delivered medicines through the skin, included body maps instructing staff where to apply the patch, and evidenced the application site was rotated reducing the risk of skin irritation. Topical MAR charts were in place when people needed creams applying, which also included body maps to guide staff where to apply them.
- Daily, weekly and monthly audits of Medicines Administration Records (MARs) were undertaken. This meant any errors or omissions were promptly identified and rectified.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe with the care they received. People had access to information instructing them how to report safeguarding concerns and safeguarding was discussed in meetings.
- Staff demonstrated a comprehensive knowledge of safeguarding systems and processes. They knew the signs of abuse and knew how to report safeguarding concerns. One staff member said, "The training goes through the types of abuse and what to look out for, for example psychological and physical abuse. I know how to report safeguarding concerns but might not have done if I hadn't done the training, it's fascinating."
- Staff knew how to whistle-blow and knew how to raise concerns if they felt they were not being listened to or their concerns acted upon. There was a whistle-blowing policy. Staff had signed they had read and understood this policy.

Assessing risk, safety monitoring and management

- Staff knew about people's risks and how to support them safely. Where people were at risk of falls, guidance was provided to staff to help people minimise these risks such as keeping their accommodation free of any trip hazards and ensuring their flooring was dry. A falls checklist had been introduced to ensure

staff monitored people after falling and took appropriate action to keep them safe.

- People were supported to take positive risks to maintain their independence. Personalised 'protocols' were in place for people living with dementia which supported staff and the police to locate them should they not return home. These included a photo, personalised information about the person and places they liked to visit.
- Staff reported changes in people's needs to the management team to ensure people's risk assessments were updated.
- People used different types of 'pendants' that enabled them to request staff support in an emergency. Staff gave examples of how they had responded to support people in these situations.

Preventing and controlling infection

- People we spoke with told us care staff wore the correct Personal Protective Equipment (PPE) when delivering personal care to them in their home. Staff told us, and we saw there was adequate stock of PPE.
- Staff tested for COVID-19 in line with the current government guidance. Updates to government guidance were shared promptly with staff via a media platform.
- Staff had received infection control training and the providers infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Accident and Incident reports were reviewed by the registered manager and action was taken to reduce risks to people. The registered manager undertook audits of accident and incident reports to monitor for themes and trends and to identify areas for improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, social and wellbeing needs were holistically assessed before receiving care from the service. People and where appropriate, their relatives were fully involved in writing their care plan.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes. Government guidance relating to the COVID-19 pandemic had been shared with staff when changes had been made that impacted the delivery of personal care.

Staff support: induction, training, skills and experience

- New staff undertook a comprehensive induction that included undertaking the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff shadowed experienced staff to get to know people prior to supporting them on their own.
- People received care and support from competent and skilled staff. We received positive feedback from staff about the training programme. A staff member said, "The training is brilliant here, really really good. We recently did a dementia course. I didn't realise how sensitive people could be to noises. I learnt about all the different types of dementia. [Registered Manager] said I can borrow books [about dementia] and there is a dementia folder with lots of literature."
- Staff told us they had regular supervisions and felt valued and supported by the management team. They told us their development needs were discussed during performance reviews and that the registered manager empowered them to undertake additional training to further enhance their skills and knowledge.

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

- People's likes, dislikes and dietary preferences were fully detailed in people's care plans.
- Where people had been identified as nutritionally at risk, their care plans and risk assessments provided adequate guidance to staff to ensure they ate and drank enough. One staff member told us, "A dietary needs sheet is completed to determine people's individual dietary needs." They told us they were aware of one person's food allergy and that another person was vegetarian.

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

- The service worked alongside local community and medical services to support people to remain healthy and safe. One staff member told us how they had recognised a person had become unwell with their health condition and had called emergency services for assistance.

- 'Grab sheets' were in place. These contained important information about people's medical needs to support emergency services and health professionals to provide continuity of care.

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. They were not supporting anyone with a Court of Protection order. Staff had received training about the MCA and understood the principles. A staff member said, "The MCA training helped, I always say to people, 'what would you like' and listen to what they want."
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's care plans prompted staff to ask for consent for all aspects of their care and people told us their consent was sought.
- One person was no longer able to decide about one aspect of their life; this had been assessed and a best interest decision had been undertaken.
- The service ensured where people had appointed a Lasting Power of Attorney (LPA), evidence of this was retained. An LPA is a legally appointed person that can make decisions on a person's behalf when they no longer have capacity to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind, caring and compassionate support from staff that knew their likes, dislikes and preferences. One person said, "I get on with them [staff]. We can have fun." Another person said, "Staff are all good and considerate." In a recent survey 100 percent of people said staff were empathetic, caring, respectful and courteous. A staff member said, "With everyone here, whether they have dementia or not, I always explain why I am there, what I will be doing and talk through everything."
- People's cultural and religious needs were detailed in their care plans. Care plans ensured people received support to follow their religious beliefs. Guidance was available for staff on different cultural and religious beliefs and practices.
- Staff and people enjoyed the time they spent together. People did not feel rushed when they were receiving care. A relative said, "Staff will stay longer if needed." A staff member said, "I treat everyone like they are a family member."

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

- People's views regarding their care were regularly sought and they were empowered to make decisions about their care. People were fully involved in reviews of their care plan.
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. There was no one in receipt of advocacy support at the time of inspection.

Respecting and promoting people's privacy, dignity and independence

- People using the service, their families and staff felt respected, listened to and valued. People's care plans detailed how they wished for their privacy and dignity to be maintained. Staff knocked on people's front doors and awaited permission to enter.
- People's skills and abilities were recognised by staff. People's care plans prompted staff to empower people to be independent with their personal care and for them to support only when needed or requested.
- Staff recognised the importance of confidentiality and their responsibilities in relation to people's personal information and the General Data Protection Regulation (GDPR). Care records were securely stored.

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 care plans were reviewed regularly with people and as their needs changed. They fully reflected people's needs and included detailed information about what was important to them. A staff member said, "I think people's care plans have enough information, everything is well planned." Another staff member said, "[Names] relative was involved in their care plan review, we did it together. It is all about consent from the person, as they have capacity it was their wish for [relative] to be involved."
- Care plans reflected people's likes, dislikes, hobbies and interests and how staff could best support them. 'This is Me' booklets were completed with people and included information about what was important to them, their life so far, what worried or upset them and how they wished to be supported. Staff we spoke with knew this information and used this to inform conversations with people.

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.

- People's communication needs were detailed in accessible information standard communication profiles. Staff knew how to communicate effectively with people.
- Information could be translated to people's first language or larger print if required.

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

- Staff told us they knew people's hobbies and interests and supported people with these. A staff member said that with one person they would, "Go for a walk, do some weeding or puzzles" and that another person liked music and singing. A relative told us, "The staff have made a real effort to build a relationship with [Name]."
- Staff recognised the importance of people's relationships and regularly engaged in conversations with people about their family and friends.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints and kept a log of compliments and complaints. There had been no complaints about the delivery of the regulated activity, however we could see complaints about other aspects of the service had been investigated and resolved to the complainant's

satisfaction. We saw a compliment from the month of the inspection that said, 'I would like to put on record the great kindness and sympathy as well as the ability all the staff show...Their friendliness is rare and is much appreciated. They are always helpful.'

- People told us they would speak to the registered manager if they had any concerns and were confident they would be addressed. One person said, "I would go straight to [registered manager] to sort."

End of life care and support

- At the time of the inspection, there was no one receiving end of life care. The registered manager told us should a person reach the end of their life they would liaise with healthcare professionals to ensure people received joined up care in their home where this was their wish.

- People were supported to develop advanced care plans. These detailed people's preferences and wishes about end of life care should their needs change. One person's plan included their wish to have a faith leader visit them in their home. If people had a Do not attempt cardiopulmonary resuscitation order (DNACPR) in place, a sticker had been applied to their care record to enable staff to easily identify this.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff team were passionate about providing person centred care. There was a friendly and open culture at the service. People were in control of their care delivery. Staff understood the need to treat people as individuals and respect their wishes.
- The registered manager knew people using the service well. The service had champions for dementia and dignity that took the lead in sharing best practice and ensuring it was followed.

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 was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager had a good understanding of the regulatory requirements. Legally required notifications had been submitted and the registered manager understood the requirement to display the rating from this inspection at the location and on the website.
- Quality assurance systems and processes were embedded in practice and monthly compliance meetings had been held to identify areas for improvement. These enabled the manager and provider to maintain an oversight of the quality and safety of the service.
- Staff were clear about their roles and responsibilities and felt listened to and valued. One staff member said, "[Registered Managers] door is always open, it's never closed unless discussing something confidential. If I needed help, they would stop straight away or ask me to come back in 15 minutes. I feel well supported, one hundred percent."
- People and staff felt able to speak to the registered manager about any concerns they may have. One person said, "If you want anything doing, [registered manager] will get onto it."

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a focus on continuous learning and improving care. Where audits identified areas for improvement, action plans had been set to ensure these were achieved. The registered manager told us that

sometimes when people fell, they may need to wait some time for emergency medical assistance. The registered manager had identified a piece of equipment that could support people to stand after a fall if they were safe to do so, they had arranged for the provider of this equipment to demonstrate this, to determine whether this would be suitable.

- People had the opportunity to provide feedback on their care in person to the registered manager, through surveys and regular meetings. Improvements were made as a result of their feedback. A staff member said, "I always say to people please speak to the staff if there is anything we can do better. If you don't feel you can speak to the staff, let your family know so they can tell us, don't sit and worry, always tell us so we can do something about it."
- Regular staff meetings were undertaken, and staff told us the registered manager was receptive to ideas to improve the service. At the most recent meeting staff advised the wording on stock checks for medicines patches was unclear. We saw the registered manager had amended the recording document to resolve this.
- There was a focus on staff wellbeing. Staff were able to access resources to promote their wellbeing and access additional support if needed.

Working in partnership with others

- Staff and the service worked closely with health and social care professionals to enhance the health and well-being of people.
- The registered manager accessed online forums for sharing of best practice. They were registered as dementia friends and received updates in best practice from the Alzheimers society.