

Yourlife Management Services Limited

Your Life (Guildford)

Inspection report

The Clockhouse
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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

Your Life provides regulated personal care and domestic help for older people who live at The Clockhouse in Guildford. The Clockhouse operates as a single housing community, with facilities on site. There are 44 apartments for people aged over 70 years.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. At the time of inspection, two people who lived at The Clockhouse were receiving a personal care service. We also considered any wider social care provided to others living in this housing for older people.

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

People received safe care and were protected from the risk of abuse. There were enough staff on hand to deliver safe care for people, and there was availability of back up care if required as the service grew. People's medicines were administered safely and correctly, and staff protected people from the risk of infection in their practice.

People's health and wellbeing was promoted. They were supported to stay active and access health services when needed. Staff provided consistent care and support. Those who needed help with their nutrition had support with their meals. There was an onsite restaurant available and people were enabled to use this if they wished. People were asked for their consent to any care being given.

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. Policies and systems in the service supported this practice.

People were supported by kind and caring staff. They experienced dignified care and privacy in their own apartments. People's independence was respected and promoted by staff and through the care arrangements.

People's individual needs were known and documented to support the provision of personalised care. This included their wishes for when they became unwell or at the end of their life. There were options on site for social groups and relevant activities that people enjoyed. People knew how to complain should it become necessary.

The care and support service were integrated within the housing community and people said it was, "Well managed." Although the personal care delivery was currently a small part of the service, the key foundations for growth were in place. There was a quality assurance system for monitoring the personal care. The provider had governance arrangements to oversee the delivery of care as the service grew. The registered manager was well thought of and had plans to develop the care delivery and improve the quality

of life for people living at The Clockhouse.

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 14/06/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the requirement to inspect news services within one year of registration.

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 ●

Your Life (Guildford)

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 carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 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 service.

At the time of inspection only 3 people were receiving a personal care service, one of whom was in hospital.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the number of people receiving the service was small and we wanted to be sure there would be people at home to speak with us.

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 also reviewed any information we held about the service and the registered provider. This included notifications that the

service had told us about. Statutory notifications are information that the service is legally required to tell us about and includes significant events such as accidents, injuries and safeguarding incidents and investigations. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff, including the registered manager and regional manager. We reviewed a range of records. This included two people's care records and any medication 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and in their home. One person said, "Yes, I feel safe in lots of ways, I can call for help if I need it. Someone is on duty at night." Another told us, "I trust them with my life, I feel safe."
- Staff were aware of their role to safeguard people from harm. One of the care staff told us, "We have not had any abuse, but I would definitely report it, and we can take things up to the higher management."
- There was information displayed in the hallway about how to report abuse and keep people safe. There were policies in place to support staff and managers who needed to take action on any abuse.

Assessing risk, safety monitoring and management

- The risks people experienced were identified and assessed. One person was at risk of falls. They still enjoyed walking independently with a frame but due to their medical condition their leg strength was variable. There was guidance for staff in place to accompany the person over longer distances. Staff we talked with were aware of this and what signs to look out for.
- Risk assessments were comprehensive, identifying issues clearly. There were clear actions and reminders for staff, for example to check that people had their glasses and appropriate footwear which would contribute to a risk of falls. There was guidance for a person who needed help to maintain a healthy diet.

Staffing and recruitment

- People were cared for by suitable and sufficient numbers of staff. We heard from staff that, "No-one has ever missed a call. We have enough staff, although it is busy at times." One person did say, "I do sometimes think they could answer quicker when I ring for help." They went on to say, "They do always come, they have not missed."
- The managers had considered how they will grow the staff group steadily as more people required personal care, based on assessment of needs. If there was a short term or sudden need, the registered manager was also able to give care and the service worked closely with the local authority and another care agency.
- The provider carried out appropriate checks to ensure they employed only suitable people. We saw evidence that the provider had obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Using medicines safely

- People were supported to take their medicines safely. One person was currently having time critical medicines administered to them. They told us, "The carers always come on time. I've never missed my medicines." Their medicines record in the home backed this and there were no gaps. Other people required

staff to remind them to take their prescribed medicines daily. One person said, "They help me with my medicines. My son brings them, and they sort them out for each day and they are very good at that."

- Staff acted to seek GP advice where a person refused an 'as required' (PRN) medicine over two weeks. The GP advised it could be stopped if the person no longer needed it. There was also an occasion when a prescribed food supplement was not available. Staff contacted the GP who delivered the following week without ill effect on the person. Where people needed PRN medicines there were instructions on when to give them and how much.

Preventing and controlling infection

- People were protected from the risk of infection. Staff knew to wear gloves and aprons at their visits and there was a reminder in each person's care plan. One person told us, "There are gloves and aprons kept here in the bedroom which they use." There was also a store cupboard on site for a stock. Staff confirmed that had received infection control training.

Learning lessons when things go wrong

- There was a system in place for recording any incidents and to support learning. Forms had been completed at the time of any incident or fall. These were reviewed by a manager. The policy talked about staff responsibility to report and the managers to investigate. This included medicines errors and any 'near misses.'
- There was a lesson learnt after a person slipped in their bathroom and fell. The non-slip mat in place was worn and not safe. It was taken away and replaced. There had been one medicines error reported by the community nurse. On investigation, the manager found this was a recording issue which was addressed with staff.

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.

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 needs were assessed, and the information was used to develop a robust care plan. Information about a person's condition and best practice, for example NICE guidance, was sourced and made available for staff in the plan.
- Good practice sessions, on dementia friends training, and fire safety had been arranged by the manager. The registered manager said, "The fire service came as people were worried about what had happened elsewhere how the 'stay put' policy works. One person told us, "The fire officers meeting helped us all to understand any risks."

Staff skills, knowledge and experience

- Staff had received appropriate training before undertaking personal care with people. Mandatory training was completed by new staff using e-learning. There was a record of when staff needed to do their refresher or showing any course not completed. One of the care staff said, "Since starting I have done the medicines training as well as safeguarding, first aid and managing personal information." One person told us, "They attend to me very well." Another person said, "I have had no problems at all with any of them."
- Staff were supervised and had their practice observed with a six-week period. This ensured any issues could be discussed and staff were supported. One of the care staff said, "I had supervision a few weeks ago. Any concerns about work they responded." One issue that had been discussed at supervision meetings was about staff making sure they comment on the person's well-being in their daily notes not just on care tasks.

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

- People were supported at meal times to ensure their nutritional needs were met. One person was supported to go to the on-site restaurant for their lunch. There was a good choice available with different starters, two main meals, a choice of vegetables and dessert for a reasonable price. There was also the option of having a meal taken on a tray taken to the person's flat. One person said, "The carers bring my meals up here to me, it's my choice." Lighter food options and snacks could be purchased at any time of the day.
- Staff assisted people with their shopping and enabled them to purchase their food items. One person told us how they had been taken out to the supermarket that day which they enjoyed. If people needed help to prepare a drink, snack or meal this would be included in their care and support plan.

Staff working together and with other agencies to provide consistent, effective, timely care

- Staff enabled consistent care to be delivered by writing daily records of their care visits and left in each person's home. This enabled other staff members to understand any developments and changes in people's care. There was also a log of actions about the person's health. One person's medicines needed to be

checked with the doctor and a record was made when this was done and what the decision was.

- Staff liaised closely with other care agencies who came in to support people living at The Clockhouse. One person had a care worker from another agency as they had supported the person before they had moved. There was good communication and the person said, "It works well."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay active and have healthcare when needed. One person told us about a physical activity session they attended once a week. They said, "I also have a visit from the physio (physiotherapist)." This enabled them to live with their specific health condition.

- Staff made referrals to other services to support people's health and quality of life. One person told us, "They had the OT (occupational therapist) out, and I'm getting a raiser for my chair and another frame." The registered manager told us they had arranged a visit from the local falls prevention team for the near future.

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.

Where people may need to be deprived of their liberty to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty under the MCA. There was no-one at the service where this applied when we inspected.

- People who were currently receiving personal care were able to make decisions and gave their consent for this. Where people had appointed a Legal Power of Attorney this was known and well documented. One person had an emergency care plan in case of loss of capacity or illness. The GP had been involved and an assessment of the person's mental capacity was done showing they were able to understand, agree and sign the plan 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.

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 were treated with kindness, respect and compassion by staff. One person told us, "They are all very caring, easy to talk to and kind." Another person said, "They are all very friendly. Respect is there, oh yes, no problem."
- People's emotional wellbeing was understood and promoted. Any specific needs or anxieties were identified in people's care plans. People were seen daily as part of a 'wellness check'. The registered manager said, "We ensure we see everyone. Some people we keep an extra eye on."
- Staff demonstrated their caring approach by using any spare time, between care visits, to spend time to talk with people that were socially isolated.

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

- People's views were important and were sought out by staff. One person was involved in the review of their care recently. There was a change agreed with the person due to their change in medicines. The person had signed to say they were happy with the care and did not need further help.
- Staff routinely checked with people before undertaking any care task. One of the care staff said, "People can change their minds." An outcome of the one person's support and care was, "To ensure I am involved in the planning and delivery of my support plan and reduce the impact of my condition on my life." This person told us, "They respect my wishes."

Respecting and promoting people's privacy, dignity and independence

- People's independence was supported by the way care was delivered. People had autonomy living in their own apartment and could decide on the level of care and support they needed. One person described this, "I am independent but have lots of support too. I have freedom here to do what I want." Their care plan stated, "Please do not focus on what I cannot do, but on what I can do, as this improves my quality of life."
- People's privacy and dignity was protected. Staff spoke to people in a respectful way. One staff member said, "We need to ensure care is done in a dignified way, and ensure they have choices." Another of the staff told us, "We don't go around talking about people. In their own flat it's private. We can lock the door if they agree." People were informed about what information was held about them and why. One person told us, "I trust the carers here. I don't feel vulnerable."

Is the service responsive?

Our findings

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

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; 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

- People received personalised care that was responsive to their needs. Their care and support plans were comprehensive and detailed daily routines that were specific to each person. There was also a personal profile that gave information on their background, religion, lifestyle, skills and interests, tips for talking to them, likes and dislikes and their critical needs.
- Staff were able to explain the individual support people needed and what was important to them. One person had a cat and staff told us, "We clean the litter tray, we do this to ensure they can keep their cat; it's the cat [person] loves more than anything."
- People were supported to live a full life and take part in activities that they enjoyed. For example, one person was taken out once a week, to the garden centre or shops. Another person was supported to attend sessions and lunch downstairs which meant they were not socially isolated. Their wife was living in a care home locally and they were supported to visit her each week. They told us, "I also go to French conversation class here. There is a film night I like too."

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.

- Information was available in large print for people with sight loss. Care plans included people's emotional and cultural needs, and how they could access the community. These were written in a person-centred way in the first person and reflected the individual.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place and people had received information about this. One person told us, "I would go to [registered manager] if I had reason to complain. I can't think of anything they can improve." The service had not received any complaints.

End of life care and support

- The service had asked about people's preferences and choices in relation to their end of life care. People were asked about advanced wishes about their future care and this was documented. One person's plan stated they wished to remain in their own home for as long as they were able. They had made a specific wish about the donation of their organs after death. The importance of their family to them was also understood.
- The service had not yet been required to care for anyone at the end of life.

Is the service well-led?

Our findings

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

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 was still new at the time of inspection. They had already made a positive impact with people and staff. One person told us, "[Manager's name] is extremely respectful and will try to do anything we want. She would attend to any concerns. She is really good." One staff member said, "The manager is lovely and caring, we can speak to her about anything."
- The service promoted people's independence in a person-centred way. The registered manager explained, "We see the whole person here, not just their illness. We want to build strong relationships to support people and we will notice quickly if people do need more help."
- Staff felt proud of working in the service and there was good teamwork. One staff member said, "The team here always do extra and work together to give people a good life." Another said, "I enjoy my work, it feels like a family here." The registered manager also told us, "The organisation is good, caring and supportive. They recruit staff who really want to care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; acting on the duty of candour when something goes wrong

- The service had delivered regulated care to a small number of people. However, the framework for monitoring service delivery and quality of care was in place and used effectively. For example, the registered manager carried out weekly audits of medicines and spot checks on staff. There was also a monthly audit of people's daily records. These records ensured people were receiving their allocated care time and that staff noted any changes, incidents and observing people's emotional well-being. The audit showed that the registered manager was addressing quality issues with staff in their supervision.
- Services that provide health and social care to people are required to notify the Care Quality Commission (CQC) of important events. There had not been any notifiable events, but the provider's governance arrangements meant that managers were aware of when these would be required, including safeguarding concerns or any incidents.
- The registered manager understood their responsibilities to be open with people and relatives when things went wrong (duty of candour). There was a robust system in place for recording and analysing any incidents.

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

- People and staff had a chance to have a voice in the running of services through regular meetings. One person told us, "Household meetings are held once a month. People can speak their mind." One member of

staff said, "We have regular staff meetings. If there are things we can improve we can suggest these. [Registered manager] does listen to us."

- People were asked their views about any events and celebrations, new social groups, and new staff were introduced. People brought up issues that concerned them, such as the parking signs and need for a new hearing loop for communal areas. Following feedback from people, the fire safety event had been held and a further session was arranged on 'falls and hydration' for home owners who might be at risk.

Continuous learning and improving care

- There was a plan in place to ensure good and safe delivery of care as the number of people being supported grew. The actions for the site and for the registered manager included arranging further staff training, to develop their professional links and network and introduce a wider quality audit developed by the provider.

- The registered manager had a clear aim of empowering people to manage their own health and raising their awareness of risks. This was evident in the educational sessions already held and those that were arranged. They were also in the process of setting up dignity in care and dementia champions. This would involve both people and staff to promote good practice and highlight where any improvements were needed.

Working in partnership with others

- The service had a beneficial professional link with a care service provider nearby, that had been rated Outstanding. The registered manager told us they had learnt from them and could also work together if there was a sudden need for more care hours at The Clockhouse. The service was open to working with other care agencies as people were entitled to have a choice in their care provider.

- People were supported through the partnerships with local health services, especially the GPs, physiotherapist and falls prevention team. There were also plans to develop the groups and activities available to people on site, for example a cookery club and a gardening group.

- The registered manager had joined the local domiciliary care providers forum and contacted Skills for Care about membership and the local network. This is a national organisation for care providers to seek support, develop best practice, keep up-to-date and share ideas. They also had access to their provider regional management group and the experience within the organisation.