

Yourlife Management Services Limited

Yourlife (Bedford)

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 (Bedford) is a domiciliary care service that provides personal care and support to people living in their own apartments within Oakhill Place. This service is available to older people living with dementia, physical disabilities and sensory impairment. People can choose to use external care agencies if preferred. At the time of the inspection 56 people lived at the service.

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. At the time of this inspection four people were receiving this type of support.

People live independently in their own apartments within this retirement living complex.

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

People felt safe with the care and support provided by the service. All staff had received safeguarding training and knew how to protect people from potential harm. Safeguarding policies and processes were in place.

Risks to people were reviewed regularly with people and their relatives. Professional healthcare support was called upon to mitigate any risks. The health and safety of people receiving personal care was taken seriously, and everyone was offered a safety pendant when they moved into the retirement village.

There were enough suitably qualified staff at the service to support people safely, who had each been through a rigorous recruitment process. New staff received an induction, which included shadowing more experienced members of staff prior to supporting people with their personal care.

Staff were knowledgeable and people received their medicines as prescribed and on time. Staff received frequent competency assessments and for new staff, spot checks were carried out by senior staff.

The service's infection prevention control policies and procedures were adhered to and followed throughout the pandemic, ensuring both staff and people at the service were protected from cross contamination. Records showed that staff wore personal protective equipment when supporting people with personal care.

Staff had completed all mandatory training and specialist training for specific health conditions was being sought at the time of the inspection.

People's needs were assessed prior to using the service. People felt listened to, respected and were involved in decisions about their care and support. Care plans outlined individual preferences and wishes and how people wanted to be supported. These were reviewed monthly or sooner if people's needs changed. People

and their relatives we spoke with felt staff were kind and compassionate. One relative said, "Staff are so patient and lovely and the times we have been down here with [family members] you can't fault the way they treat them."

The service worked with a wide range of key organisations who are also involved in people's care. Feedback received about the registered manager's professional manner was positive.

The registered manager was dedicated to their role and understood their responsibilities. They had effective oversight of the service and audits had been carried out to identify improvements.

People, relatives and staff spoke highly of the registered manager and their dedication to the role. One written compliment said, "You and your team have been fantastic in settling [family member] into their new home. Nothing has been too much trouble."

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 knowledgeable about the mental capacity act and were able to speak about how they would ensure people had full control of their support and that they offered people choice throughout.

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 07 November 2019. This is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 (Bedford)

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

This inspection was carried out by two inspectors.

Service and service type

This service provides 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 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.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 August 2021 and ended on 17 September 2021. We visited the office location on 31 August 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, local Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

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 used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the area manager, registered manager, care and support workers and administrators.

We reviewed a range of records. This included medication records and three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at various records relating to the management of the service as well as staff rotas, training information and infection prevention control documentation. Professional feedback on the quality of the care and support was also received after the inspection.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care and support provided. One person said, "I feel safe, absolutely and they know what to do quickly when you are in trouble. If there is anything, they will give [registered manager] a ring." A relative told us, "We feel like this place is so safe, and it means the world that [family member] is here and are in the safe care of this place. [Family member] can call on people if they need to which is important."
- People were supported by staff who had received safeguarding training and were able to describe the types of abuse, and what could be done to help protect people if they were at risk. A staff member said, "If I saw any poor practice whilst working, I would report these concerns to the [registered manager]."

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified how to support people to keep them safe. For example, people were provided with assistive technology such as an emergency alarm to alert staff if they needed assistance. A relative told us, "[Family member's] mobility is quite poor, and they worry about falling over. [Family member] wears a pendant alarm, they have rung it a couple of times, someone was with them quickly."
- Staff had completed fire safety training and had knowledge of what to do in the event of a fire. Personal emergency evacuation plans (PEEP) had been completed for all people in receipt of the regulated activity. This plan identified the evacuation equipment required and the level of staff assistance necessary to evacuate a person.
- Specialist healthcare professionals were referred to for advice and guidance to mitigate risks to people using the service. The registered manager said, "The support and guidance from the specialist nurse has helped greatly and has enabled us to keep people safe."

Staffing and recruitment

- The provider ensured there were safe recruitment practices in place to check staff's suitability. This included conducting a structured interview, obtaining full employment references and a criminal record check in advance of them commencing work at the service.
- There were enough staff to support people safely. The registered manager confirmed that staffing levels were increased if families requested additional care.

Using medicines safely

- People received their medicines as prescribed by trained staff. Staff confirmed they also receive regular competency assessments. A relative said, "Medicines are given when [family member] needs it, they can just call. Where my [family member] needed extra medicine from a doctor's appointment, the [registered manager] sorted it and set up a clear care plan." Another relative said, "Medicines are always done pretty

promptly. A book in the flat (care plan), which notes things down confirms this. I have also been there when the staff are giving medicines."

Preventing and controlling infection

- The provider had policies and guidance to help staff work in accordance with national guidance on infection prevention control.
- People had individual COVID-19 risk assessments which provided a detailed description on how to support people and what, personal protective equipment (PPE) staff should be wearing when providing care and support in the person's home to ensure safety.
- The registered manager had systems in place to monitor safety. For example, staff were participating in the COVID-19 regular testing programme. Visits to the service were managed safely, PPE was being worn within the service. The registered manager was proud to say to date they had no cases of COVID-19.

Learning lessons when things go wrong

- There were systems in place to record, review and learn from incidents and accidents. One staff member said, "We have staff meetings and handovers where we will always talk about what has happened. If there are any actions to take, we will write this into the care plan and all staff will read it."

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 needs were assessed prior to using the service. This indicated whether the service could meet their requirements.
- People's care plans were person centred and outlined specific details and preferences, such as how to support people when they were feeling anxious or concerned due to sensory experiences. Plans also described where medicines were stored securely in people's apartments and how to prepare medication before administering it. People's religious beliefs were recorded along with information about what was important to them.
- The registered manager confirmed that care plans were reviewed each month or sooner if people's needs changed.

Staff support: induction, training, skills and experience

- People and relatives felt staff were skilled to complete their role. A relative said, "Yes staff seem to know what they are doing. They get [family member] washed and dressed in the morning. Happy to see them, and they write up in [family member] book (care plan) after every visit."
- Staff had completed training for their role, further training was being sourced where staff needed additional knowledge where they were supporting people with specific health conditions.
- Staff spoke about their induction and found shadowing an important part of their introduction to the service and people they cared for. One staff member said, "As part of the induction I went through all the training. This was via e-learning. I did some shadowing. I have never done care before and the [registered manager] made sure I was confident and comfortable before I started supporting people."
- The registered manager wanted to continue to empower staff to expand their knowledge by completing further qualifications in care. This gave staff a sense of commitment from the provider in developing their career. One staff member described the accredited training that was available to all care and support workers.

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

- People's nutrition and hydration needs were assessed in detail. Staff who supported with meal and drink preparation said, "I will ask people what they would like me to prepare, sometimes family will leave a list of what to prepare from a meal perspective."
- There is an onsite bistro where people ordered food in advance and ate in the restaurant if they wished. One person said, "They don't help with my meals, but they come and take me to and from the restaurant, the food isn't bad."
- The registered manager told us they were not currently supporting anyone who had a specialist diet,

however, knew to contact the appropriate health care team to gain support if this did occur.

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

- People's care plans were updated when health professionals had been contacted for advice to ensure staff gave consistent support. The registered manager said, "We have worked closely with professionals, I will attend meetings with families, and keep professionals updated on people's health." One relative said, "When my [family member] needed extra medicine from a doctor's appointment, the [registered manager] sorted it and set up a clear care plan."

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. 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.

- There was no one being supported at the service who lacked the mental capacity to make decisions. Staff were knowledgeable about the mental capacity act and were able to speak about how they would ensure people had full control of their support and that they offered people choice throughout. One staff member said, "There are five principles, it's about assuming everyone has capacity, supporting them to make decisions, even bad choices. Even with someone who has dementia they still can understand and be given choices."

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 and their relatives we spoke with felt staff were kind and compassionate. People felt listened to and respected. One relative said, "Staff are so patient and lovely and the times we have been down here with [family members] you can't fault the way they treat them." Another relative said, "The staff are fond of [family member], they interact with them in a kind and friendly way. Staff approach and the caring way they do their jobs. Most of the team have been there a long time, not a churn of staff. For someone like [family member], it's good to have continuity of staff."
- Staff spoke in a caring way when talking about people and they had built up positive relationships. For example, one person wasn't confident in allowing staff to go into their apartment, but after taking the time to get to know them a good relationship was formed, and staff were able to provide support.

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

- People and their relatives were involved in decisions about the care and support that was received. People's care plans included a record of this involvement. One relative said, "Yes, I am involved in care decisions for my [family member]."
- People were able to express their views through weekly meetings with the registered manager and formally through surveys. One relative said, "We asked the [registered manager] that staff could stay with [family member] a little longer after supper to ensure their safety when mobilising, we felt listened to." Where people requested changes or improvements to their care, this was listened to and changes made.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with dignity and respect. One relative said, "The staff shower [family member], I have arrived at the same time, they are good with privacy, door is always shut, and curtains drawn." Another relative told us, "The service is very responsive, very caring, care is of a high standard and am pleased how they have ensured [family member] have settled. They are aware of differences and needs and are used to dealing with this age group of people. They have encouraged [family member] to integrate with other people living at the service."
- Staff confirmed they encouraged people to remain independent. A person commented, "I have reduced my care calls because I feel stronger in myself and want to gain more independence." The registered manager said, "We supported a person to continue to go out walking after getting lost on one occasion. Staff showed them a safe and easy route to walk and this improved the person's confidence enabling them to remain independent."

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 detailed their support needs. People and their relatives both said they contributed to the shaping of their support. Staff spoke about how they communicated regularly as a team as a way of ensuring everyone was aware of any new information that affected people's care.
- The registered manager gave examples of where they tried to maintain people's wellbeing during the COVID-19 pandemic and respective lockdowns. The registered manager said, "People's families had to be 'hands off', and we became their family. A very good buddy system was set up so we could keep in touch with everyone. A befriending service was also introduced to ensure people didn't feel isolated during these difficult days; as well as a shopping service."

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.

- People had access to information that was given to them in a way they understood. For example, the service's newsletter, magazine and restaurant menu were all available in large print and in alternative languages should these be 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 used different ways to keep in touch with people living at the service whilst in lockdown, including a morning wave and newspapers delivered to every apartment each morning. Additional technology was accessed to allow care staff to facilitate calls to people's families via zoom. One written compliment said, "A great big thank you for sorting out the live streaming of the wedding of [family member] granddaughter, it means an enormous amount to the family."
- The registered manager reached out to several faith leaders during the pandemic who were able to distribute their newsletters to the service. Other activities included an afternoon tea to celebrate Victory in Europe, which was delivered to each apartment. The service had recently set up a choir group, following a successful carol service during Christmas.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they had any concerns. At the time of our inspection there had not been any formal complaints. People and their relatives had only shared minor concerns with the

registered manager, which had always been resolved. One relative said, "Anything I ask [registered manager] gets sorted quickly."

End of life care and support

- The service was not providing end of life care at the time of the inspection. However, staff had completed end of life training and were able to demonstrate their knowledge on the day of inspection. Relatives told us the registered manager had a discussion with them about 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.

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 promoted a very person-centred culture within the service. They led by example and supported staff to understand the services' visions and values. Staff received regular spot checks and person-centred care was discussed regularly with them.
- Relatives spoke highly of the registered manager and their dedication to the role. One relative said, "Team is only as good as the manager and the team are fantastic and so is the manager." Another relative said, "The [registered manager] is absolutely approachable, they've been extremely helpful. I couldn't fault them in terms of wanting to make it work. The care staff are all very friendly and have a chat."
- Staff we spoke with shared the opinion. One staff member said, "The [registered manager] is brilliant. Great to work for, extremely dedicated and this place is what it is because of the [registered manager] they will get stuck in. You couldn't ask for a better manager. I love coming to work."

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 registered manager understood their responsibility under the duty of candour. Records showed the registered manager had communicated with families regarding any accidents and incidents, and actions taken to mitigate the risk further.

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

- Management systems were in place which identified if there were any risks to the quality of the service being provided. For example, we saw evidence of audits for care plans, daily notes, risk assessments and medicine administration records.
- The registered manager logged accidents and incidents; this data was analysed by them to highlight any recurring themes. The registered manager had submitted relevant statutory notifications to us promptly and were aware of their responsibility to report to other partner agencies.
- Staff performance was monitored through regular one to one supervision, spot checks and competency checks. Staff understood their roles and responsibilities, were motivated and had confidence in their manager. A staff member said, "The [registered manager] is an amazing boss, their door is always open, they will do appraisals with us, supervise with medication administration. They will do spot checks."
- The provider carried out regular checks at the service. Both the registered manager and provider had an open and honest relationship and shared learning with each other, which meant that people received good

quality care.

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

- People and their relatives felt they were involved in the delivery of the service. One relative said, "[Staff] will say any feedback, please give it to us, and how are things going?" Another relative said, "We had some worries about [family member] moving around their apartment, we spoke with staff and felt listened to."
- Staff felt confident to speak with management to contribute to decisions in how the overall service should be run.
- People were given the opportunity to feedback on the overall quality of the care and support provided through an annual survey. These surveys enabled people to express their thoughts as to whether any changes needed to be made to ensure good quality care.

Continuous learning and improving care

- Lessons learnt were shared with staff during daily handovers or during ad-hoc conversations. Staff team meetings were scheduled regularly to discuss work practices, development needs and staff wellbeing. The registered manager was keen for staff to learn different tasks and was empowering them to learn new skills, for instance, ensuring people's safety pendants were working effectively.
- The service worked alongside various healthcare professionals. One professional said, "I feel the management and staff are fully trained and are very knowledgeable. We have assisted in some medication training for the staff, so they have reached out where they feel they need support. We have provided the necessary knowledge so the service can support people the best they can."
- The registered manager was a member of several forums and groups specifically designed for registered managers. By attending these sessions, it provided the opportunity of peer support, sharing good practice and discussing lessons learned.

Working in partnership with others

- The service had been working in partnership with a wide range of key organisations who were involved in people's care, including specialist nurses, GP, district nursing, dementia specialist teams, pharmacy services as well as the local authority. One professional said, "The [registered manager] works in a professional manner both with service users and with us. We have found the [registered manager] very caring and engages very well ensuring the needs of the service user are met. Time management is excellent, the manager always works well in advance so that this doesn't impact on the service user."
- The registered manager was a member of other care related organisations which provided them with knowledge and insight into best practice, new national guidance and ways to drive improvement at the service.