

Yourlife Management Services Limited

Your Life (Borehamwood)

Inspection report

Goldwyn House
Studio Way
Borehamwood
WD6 5JY

Tel: 02082077058

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08 December 2021
15 December 2021

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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 Borehamwood is a supported living service. It provides personal care to people living in their own homes in an apartment block Goldwyn House. There are some shared facilities, including a lounge, and restaurant.

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.

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

People told us they felt safe living in their own homes within Goldwyn House. Risk assessments had been completed to identify any potential risks to people. Measures were in place to mitigate risks, to help keep people safe. Staff were knowledgeable about how to help keep people safe and had received regular safeguarding training. People and their families told us they had been involved in the assessment process.

People were positive about their living arrangements and the support they received from staff at Your Life Borehamwood. One person told us, "I am very pleased to be living here and have everything I need." Another person told us "The staff are very good, kind and caring. They are a small team so I know them and they know me."

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 told us, and we saw evidence of a robust recruitment process. This included completion of all relevant pre-employment checks. There were enough suitably qualified and skilled staff available to support people at their chosen times.

Staff had received training in the safe administration of medicines. Competency checks were in place to help ensure continued good practice. Regular audits were completed by the registered manager.

People told us they were confident that if they had any concerns, they would feel comfortable to speak to the registered manager who they said was approachable.

The registered manager was supported by an area manager and a range of quality assurance audits were completed on a regular basis. The management team were receptive to feedback, and were committed to making improvements.

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 26 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

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? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well led.	Good ●

Your Life (Borehamwood)

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 team consisted of one inspector.

Service and service type

Your Life Borehamwood is a domiciliary care agency providing personal care to people living in their own homes in a supported living setting Goldwyn house. This setting supports people so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was announced. 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 7th December and ended on 15 December 2021. We visited the service on 9 December 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider completed a provider information return [PIR] prior to this inspection. This is information we

require providers to send us with key information about their service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with two staff members of staff including the registered manager and area manager. We also received written feedback from three staff members.

We reviewed a range of records. This included three people's care records, including risk assessment and medication records. We looked at the staff recruitment process. We looked at training and staff supervision and support. Other records reviewed related management of the service, including audits relating to all aspects of the service.

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.

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

- Staff had received training and demonstrated they knew the process for reporting any safeguarding concerns.
- The registered manager reviewed information to identify trends and took action when required to reduce risk.

Assessing risk, safety monitoring and management.

- People told us they felt safe. One person told us, "It is reassuring to know the staff are on hand if I need them."
- Individual risk assessments had been completed for people. Any identified risks were managed effectively. Risk assessments were reviewed regularly and updated if any there were any changes.
- The recruitment process was robust. All pre-employment checks were completed for staff prior to starting work at the service.
- There were enough trained and skilled staff available at all times to support people at their preferred times.

Using medicines safely

- Staff had received training in the safe administration of medication. The registered manager assessed their competency to ensure they retained good practice.
- Staff were confident and demonstrated a good overall knowledge on how to administer medication safely.
- Medicine records contained information about how to administer the person's medication safely. For example, the MAR explained the effects of blood thinning medication, and any associated risks.

Preventing and controlling infection

- The registered manager had appropriate signage in relation to social distancing rules within the communal areas of the service.
- Staff were using PPE effectively and safely. Staff had been trained in donning and doffing and safe disposal of PPE.
- The provider's infection prevention and control policy contained current and up to date guidance.

Learning lessons when things go wrong

- The registered manager and staff shared learning when things went wrong. This helped reduce the risk of a reoccurrence in the future.

- The registered manager and staff reflected on when or how they could do things differently.

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 had person centred care plans and risk assessments in place. Information was detailed and included people's cultural and religious persuasions.
- They contained a short profile of the person's life history which was informative and helped staff get to know people well. Medical and health conditions were also recorded, long with peoples likes, dislikes and preferences.
- People told us they were involved in the care planning and review process. The care records were current and showed where updates had been made.

Staff support: induction, training, skills and experience

- People told us they felt the staff had the necessary skills and experience to support them safely.
- Staff told us about their induction and ongoing training which gave them the skills required for their role. Staff also shadowed more experienced staff until they were confident and competent to work without supervision.
- Staff were well supported by the registered manager.

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

- People were able to manage their own dietary requirements. One person we spoke to told us, "I choose to eat meals from the restaurant, it would be good if there were more choices." Any special dietary needs or allergies were recorded in peoples care plans.

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

- People had access to healthcare services and professionals.
- Most people lived independently and only required minimal support. However, there was a holistic approach and other professionals would be involved if required.

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

- People lived independently in their own apartments. The supported living setting had some communal areas where people could congregate. This included, the restaurant or main lounge, or a small room where family members could meet which was private.
- The setting was well maintained, and regular maintenance checks completed.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Staff supported people to make decisions and choices about their care.
- Staff had received training relating to the principles of the MCA and DoLS and understood their responsibility in prompting choice and gaining consent.
- Staff were aware of how to help people make decisions.

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; respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff were kind and caring and they enjoyed living at Goldwyn house. One person told us, "The staff are very kind and courteous, I am very happy."
- Staff demonstrated they were passionate about their role and worked in a person-centred way. People were at the forefront of everything they did. One staff member told us, "I really like working at Goldwyn house and being able to help people who are not so able anymore."

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

- People told us they found all the staff to be attentive and approachable and felt comfortable with them.
- People's records demonstrated their involvement in making decisions about their care. People were supported by families where this was required.

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

- Care plans were written in a person-centred way. They were detailed and included likes and dislikes. For example, what time people preferred to get up and go to bed, whether they preferred a bath or shower.
- Staff told us the information reflected people's needs and was updated in regularly to remain current.
- The service was responsive to people's needs, supported by the use of an alarm system so that people could call for help in the event of an emergency.

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.

- Care plans contained information regarding People's sensory needs and how they could support them in these areas. One person who had a sensory impairment told us, "The care staff are very helpful they read letters or notices to me and so I am kept informed."
- The registered manager told us, "We can offer accessible information in braille, larger font and British Sign Language [BSL] if required to ensure that the needs are fully met for the individuals we support."
- Staff were aware of people's communication needs and communicated to people respectfully and sensitively.

Supporting people to develop and maintain relationships to avoid social isolation.

- People lived independently in their own apartments. People pursued their own interests and hobbies along with family and friends.
- People were able to continue to contact family and friends during the COVID-19 pandemic, following the government guidance. Notices were placed on notice boards and updated when anything changed.
- Regular residents meeting were held and there was a wide-ranging agenda. However, most of the agenda items related to the individual homeowners with a 'business-like approach'.
- The registered manager told us they were able to accommodate small gatherings, for example, to celebrate people's birthdays. A small room off the dining room was designated for these functions. This had enabled the family to come together to participate in celebrations.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any formal complaints in relation to people's care.

They spoke with people regularly which gave them an opportunity to tweak anything which was not to their liking.

- There was a robust complaints policy and procedure in place and also comments and compliments were captured and recorded.

End of life care and support

- No one at the service was receiving end of life care. However, if people did have end of care needs these would be provided in their own homes, supported by other relevant professionals.

- Staff had received end of life training so would have the skills and knowledge to support people at the end of their lives, in their own homes in a dignified way.

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 worked together to promote a positive culture at the service.
- People felt the service was inclusive and empowering. They were able to live independently with the security of knowing staff were on hand should assistance be required.

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 demonstrated they knew about their responsibilities in respect of duty of Candour. Records were kept which detailed when things went wrong, and any actions taken to put things right in an open and transparent way.
- The registered manager was aware of when and how to report events to CQC and or the local authority. Copies of all records were saved on the system as well as paper records.

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

- The registered manager had a good overview of all aspects of the service.
- Quality monitoring systems were in place including various audits which identified any shortcomings. They were able to resolve anything identified and drive continuous improvements.
- Staff enjoyed working at the service and were positive about the service they provided. They embraced the culture of the service and respected the values of the organisation. One staff member told us, "The registered manager gives clear leadership, guidance and support."

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

- Topics were discussed by all residents including those who received a regulated activity.
- People said the meetings were informative and felt able to ask questions and felt listened to.

Continuous learning and improving care

- The management team had regular meetings to discuss how the service was developing. They discussed operational matters as well as quality and governance.
 - The registered manager shared information on notice boards to ensure effective communication and keep people informed about any planned changes or events.

Working in partnership with others

- The registered manager and the staff team had built close links with the professional involved in supporting people who used the service.
- The registered manager and staff team engaged with people from other organisations for example peoples GP's, nursing staff to seek guidance and support when required.