

# Yourlife Management Services Limited

## Your Life (Northwich)

### Inspection report

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23 November 2018

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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

We undertook this inspection of Your Life Northwich on the 21st and 23rd of November 2018. Both visits were announced.

This was the first inspection of the service since its registration in 2015.

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 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.

People who used this service lived in their own apartments with access to communal areas, for example an activities room and restaurant.

Not everyone who used the service received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; for example, help with tasks related to personal hygiene, or medication. Where they do we also take into account any wider social care provided. At the time of our inspection there were six people receiving the personal care service.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on both days of our visits.

People felt safe with the staff team and staff demonstrated knowledge about the types of potential abuse that could occur and how these could be reported. Medication management was robust. New staff recruited to the service underwent appropriate checks to ensure they were suitable to work with vulnerable adults. Sufficient staff were employed to meet people's needs.

Risk assessments were in place to protect people. These related to the hazards they faced while they were being supported as well as general risks posed by the environment. Accidents and incidents were recorded and analysed to prevent future occurrence.

The registered provider reflected on its care practice to ensure that lessons learned were embedded into future care practice.

Staff received the training and supervision they needed to perform their role. While no-one was supported with nutritional needs; the registered provider was mindful of future changes

that could occur and included these in care plans.

The registered provider understood the principles of the Mental Capacity Act 2005 and had systems in place to assess people's capacity. Assistance had been given to people to help them orientate themselves to their own living space within the building. The health needs of people were promoted.

People were supported in a dignified and respectful manner. People remained independent, had their privacy promoted and had their personal accommodation respected by the staff team. People's confidential information was kept secure at all times.

Care plans were very person centred and people who used the service had been involved in their development. A robust complaints procedure for investigating concerns was in place. The registered provider facilitated access to activities for people if they wished to participate. Information was provided to people in accessible formats if required.

People who used the service considered the service to be well run and were complimentary of the registered manager's approach. The registered provider had robust audits in place to measure the quality of the support provided.

The views of people and other stakeholders were gained in order to inform the quality assurance process. The registered provider always informed us of events within the service as required by law.

## 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.

People felt safe when being supported by the staff team.

Staff were clear about the arrangements for the reporting of allegations of abuse or raising care concerns.

Recruitment processes were safe.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and supervision they needed to perform their role.

The health needs of people were met.

The registered provider understood the principles of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

People felt that staff supported them in a respectful and caring manner.

Sensitive information was kept confidential at all times.

The communication needs of people were respected by the staff team.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were very detailed and person-centred with provision to anticipate future needs.

The service enabled people to access activities to prevent the

risk of social isolation.

A robust complaints procedure was in place.

### **Is the service well-led?**

The service was well led.

Staff and people who used the service considered the registered manager to be supportive and approachable.

A robust and accountable system of measuring the quality of support was in place.

The service always notified us of any incidents that adversely affected the well-being of people.

**Good** ●

# Your Life (Northwich)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 21st and 23rd of November 2018. Both dates were announced. We gave notice to the agency to ensure that the registered manager was available to assist us. On the 21st of November we looked at records relating to the support of people who used the service. On the 23rd of November 2018, we spoke to people who used the service and one relative. We also spoke with three staff members.

The inspection team consisted of one Adult Social Care Inspector.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Notifications are required by law and include significant events that happen within the service. Our visit involved looking at all care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. In addition to this we spoke to 4 people who used the service and 1 relative. We also spoke to the registered manager, the Area Manager and three members of staff. The service does not currently commission with the local authority. We checked the service's responses to safeguarding issues that had arisen.

As part of our inspection, we ask registered providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A PIR was returned to us when we requested and we used this as part of our assessment of the service.

# Is the service safe?

## Our findings

People who used the service felt safe with the staff team. They told us "I really feel safe with the staff team" and "I always feel safe with the staff when they support me". People receiving support during assistance with showering told us that they felt that the staff provided reassurance to them and were confident that they would not experience any falls or slips while being supported.

Staff demonstrated a clear understanding of the types of abuse that could occur. They outlined the reporting process in place for raising concerns about any poor care practice and were confident that the registered manager would act upon them. Staff were also aware of external agencies such as local authorities or CQC to which they could direct concerns of poor care practice through whistleblowing. Staff knowledge meant that people who use the service could be confident that they could receive support free from abusive practice.

The service reported safeguarding concerns when needed and our records indicated that one such notification had been made in respect of medication. Both the local authority and CQC had been notified of this. Records indicated that a person was at risk from medication administration and immediate action was taken to ensure that this person was kept safe. This demonstrated that the registered provider had learned lessons from events that had occurred.

Support with medication was minimal and involved prompting people to take their prescribed medications or the application of creams. People told us that this was done safely and that reminders from staff enabled them to take medication and therefore maintain their health. People told us that medication reminders were never missed and that records were completed to evidence that this had been done. Records were appropriately maintained. For those requiring assistance with the application of creams, appropriate medication records were in place outlining when this had been done and the correct areas of the body for creams to be applied. Again, people told us that staff always assisted when needed.

Staff had received appropriate medication training and had their competency to administer medications checked on a regular basis.

Risk assessments were in place. These related to the needs of people as well as their home environment. Where people had difficulty with mobility, falls risk assessments were in place to ensure that the risk of falls were minimal. Information about health conditions affecting the mobility supplemented risk assessments so that staff were fully aware of the causes of falls and how they could be avoided. Any accidents that did occur were recorded and enabled the registered manager to analyse any patterns or trends to prevent future re-occurrence.

Environmental risk assessments were in place. These outlined the potential risks within people's own accommodation that could put staff and people at risk of harm. These were clearly documented and regularly reviewed. People did not require any lifting equipment to be used as part of their care but items such as shower chairs and handrails were available in people's shower rooms and were checked as part of

general environmental maintenance.

People told us that staff always wore personal protective equipment such as disposable gloves and aprons when they assisting them with their personal care. People felt they were supported in a hygienic manner.

Appropriate staff numbers were in place to enable effective support for people. Staff told us that they considered that there was enough staff available to support people and felt that they had plenty of time to support people appropriately and thoroughly. This view was reflected by people who used the service who considered that there were enough staff to support them, felt that staff responded to their needs appropriately and that "Calls are never missed, they [staff] always turn up when I need them". Staff rotas were available indicating that sufficient staff were available to meet the needs of people.

Staff were recruited appropriately. One newer member of staff told us that the recruitment process had been thorough and fair. Recruitment records showed that appropriate checks had been made on new staff such as references and a disclosure and barring check (DBS) which provides information on the suitability of people for their role. As a result, people could feel confident that they were supported by people who were suitable to support them and meet their needs.

## Is the service effective?

### Our findings

People told us "Staff know what they are doing" and "They [staff] are very aware of my needs". They also commented "Staff are very well organised and are very familiar with the assistance I need, they are always there to provide advice and I trust them".

Staff outlined the training they received as part of their role. This included health and safety topics the registered provider considered to be mandatory such as fire awareness, moving and handling and infection control. Other training involved medication which included training in specific tasks such as the safe application of eye drops. Training had also been provided in respect of safeguarding and equality and diversity. The registered provider also enabled staff to access specific training and advice within the organisation. This included access to a health and wellbeing advisor. This person was available to give specific advice on ensuring that this area of people's life could be promoted. Recent work had been done in providing advice for those people who were starting to experience dementia in their lives. This had enabled staff to be aware of the issues and effectively support people who were on this journey. Staff commented that training was useful to them and people told us that "Staff are well trained and knowledgeable". Staff had been able to attain formal qualifications such as the national vocational qualification (NVQ) at level 2 and 3. This enabled people to be supported by well trained staff.

Staff received supervision appropriate to their role. This included one to one sessions with the registered manager to discuss any practice issues. This was supplemented by staff meetings where progress of the service could be discussed. Staff told us that issues they did not have to wait between supervision sessions to discuss practice issues with the registered manager. Further supervision included spot-checks to observe the support provided by staff undertaken by the registered manager with feedback sought from people who used the service. As a result people who used the service could be confident that they would be supported by a well supervised staff team.

A structured induction process was in place. This included training and a period of shadowing until staff were deemed as competent to support people unsupervised. This meant that people who used the service were supported by a staff team who were well prepared to carry out their role in effectively supporting them.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. In the community any restrictions need to be referred to the Court of Protection for authorisation through the local authority. At the time of the inspection there was no one who required a referral to the local authority. The registered manager and staff were able to give an account of the principles of the Mental Capacity Act and had received training in this. Care plans included an initial assessment of the capacity of people. All people had been assessed as having capacity to make decisions for themselves at this present time. A clear assessment process was in place to enable the registered provider to reach conclusions about people's capacity. This meant that people could be confident that they had their rights to consent and make decisions upheld.

The registered provider was not responsible for the accommodation that people lived in, however, they had responded to the needs of one person in relation to their private dwelling. One person was at times uncertain about the location of their apartment within the larger building complex. Staff had provided signage to assist the person find their way home safely.

The health needs of people were recognised by the registered provider. Assessments and care plans outlined details of the medical history of people. This enabled an overview of health conditions to be available to staff in the event of any assistance being required. People were able to maintain their own medical appointments yet where assistance was needed to direct people to appropriate advice and resources; this was done. This demonstrated that the service was willing to assist in promoting the health needs of people.

No-one received support with their nutritional needs at the time of our visit. Information in care plans did have an account of the nutritional needs that people had. Included in these was an assessment of the likelihood that nutritional needs would change and whether there would be future scope for the staff to assist in this area. This demonstrated a proactive approach in anticipating future needs changing and effective support.

## Is the service caring?

### Our findings

People told us "I feel really cared about" and "They [staff] respect my dignity at all times". One person gave an account of how they were assisted with showering. They confirmed that staff took their dignity and independence into account while receiving support with this. People also told us that staff respected the fact that they were present in people's homes. We were told that that staff always rang their front doorbell before entering.

Interactions between staff and people who used the service were friendly and respectful. People were comfortable with the staff team and humour was a key part of interactions.

Staff gave us practical examples of how they promoted the privacy and dignity of the people they supported. These examples coincided with what people told us. These included, referring to people in line with their preferred terms of address and enabling people to do things for themselves.

The registered provider had a system in place to enable people to positively comment about the service they received through compliments. Compliments were received about the caring actions of the staff team. The communication needs of people were taken into account. The most effective way to communicate with each person was outlined in their care plan in a person-centred way. All people were able to communicate verbally yet consideration had been made to those instances where people spoke slowly or quietly. This provided staff with the information to take this into account while interacting with people and enable people's views and preferences to be heard.

People's confidential information was protected. All sensitive information was located in the main office. Guidelines were in place for staff and people indicating that the office was locked when not occupied to protect sensitive information. We were able to view records relating to the service but were asked to examine care plans in the main office. This demonstrated the registered manager's approach to keep all confidential information as secure as possible. People told us that they were confident that their personal information was not shared with people unconnected with their support.

No-one had been identified at the time of our visit as requiring any support to make decisions form an advocate. Advocates are independent people who can assist people to make decisions about their lives. Information was available for people to contact advocacy service if they wished.

## Is the service responsive?

### Our findings

People were involved in planning their care. People's comments included; "I was involved in my care plan and I still am involved", "My care plan is accurate and I agree with what it says" and "I have a copy here and can read it when I want". People told us that while they had not had any complaints to make; they knew who to speak to and that their concerns would be listened to.

Care plans were very detailed and person centred. As a result, the registered provider was able to meet the needs of people. People told us that they had had the opportunity to read care plans, contribute to them and make changes in consultation with the staff team. People told us that they fully agree with their plan of care and considered them to be a very accurate picture of all their needs. All plans were written and presented from the personal perspective of individuals and went into detail about their preferences in relation to, for example, preferred toiletries they wanted to use while being assisted with showering or preference in being prompted to take medication.

People's support at the time of our visit ranged from assisting people to shower and supporting them with medication. Care plans did not just reflect these tasks but demonstrated a proactive approach to meeting the future needs of people. These included reference to any progressive conditions that may affect people's mobility, dependency or requirements to support their nutritional needs in the future. Care plans were accompanied by daily records which gave an account of the support provided and progress made.

We found examples of the service responding to people's needs in a timely and responsive manner. One person had experienced some difficulty in administering their medication. The registered manager identified that symbols could be introduced as a pictorial aid to help the person maintain their independence with this. This had been successful and the person reported that such a simple step had made a big difference to them.

People had expressed their views to the registered manager on the subject of safeguarding and safety. In response to this, the registered manager had used a meeting with service users to explore and discuss all areas of safeguarding and personal safety.

The registered manager had identified that a person was at risk of becoming withdrawn and social isolated. After discussion with the person, the registered manager had facilitated access for this person to pursue an activity which increased the person's motivation and led them to come into contact with others. The person reported that this had been helpful to them and the risk of social isolation averted. This had been a positive step to maintaining this person's mental wellbeing.

These interventions had been the subject of an analysis by the registered manager to assess how responsive the service had been to the needs of these individuals and had involved their views of the outcome.

The service did not provide activities to people yet care plans provided a record of preferences in interests and social histories. This enabled a point of discussion between people and the staff team. The registered manager was able to facilitate access to activities for people and these were used. People told us that they

were aware of these yet also pursued their own routines in the local community.

A complaints procedure was in place. This outlined the process people should take if they had concerns. A procedure was available to people if they needed it. They felt confident that if they did, the registered manager would listen to any concerns and act upon them. A complaints log was maintained. No complaints had been received.

We checked whether the service was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support that they need. No one who used the service had any specific communication needs at the time of our visit which would have meant information needed to be presented in an accessible format. Information, such as the service users guide, was available in large print or braille if needed. People were aware of this.

No-one using the service was receiving end of life care. The wishes of people when they reached that stage of their life had been captured and summarised with their preferences recorded.

## Is the service well-led?

### Our findings

People told us "This service is very well led and well managed" and "It is exceptionally managed and meets my needs completely". Other recorded comments we saw included "I appreciate the care and service my relative gets. It is exemplary, the manager has a flare and charm and is excellent communicator" and "There is good leadership; people are left in control and have their full independence".

The registered manager was present during our visit. The registered manager demonstrated a detailed knowledge of the needs of people who were being supported. The registered manager understood their responsibilities of being a registered person.

Staff told us that the registered manager was approachable and fostered positive support for them in all aspects of their role. They considered that the service was well staffed, well run and that training met their needs.

A robust system of auditing was in place. A representative of the registered provider was present on the first day of our visit. This person was able to outline how audits and other checks were made on the quality of the service. Regular audits had been carried out taking all aspects of the service into account and including the views of people who used the service. The registered provider used an audit tool linked to the five domains used by CQC. These indicated that past reports had indicated 80% compliance, then 90% with the most recent indicating full compliance with our regulations. This demonstrated a clear path of improvement in the provision of the service since its initial registration. In the past where, further compliance was needed; action plans had been drawn up with dates of proposed action to address any issues identified. The results of any audits were then shared with higher management levels within the organisation. This meant that full transparency of performance was promoted and that the registered provider was fully aware of progress within the location.

Other audits were in place relating to accidents and incidents as well as medication audits which were conducted regularly. Again, any issues relating to these were identified and action taken when appropriate. Care plans were also regularly audited to ensure that they meet the needs of people who used the service.

The views of those who used the service and relatives were regularly captured through surveys. The most recent surveys were positive without exception. People's views on the service were captured through informal day to day interactions with people. Other ways of gaining the views of people were through individual care plan reviews and household meetings. Reviews and meetings enabled information to be given to people as well as enabling the registered manager to gain the views of people.

The registered provider sought to co-operate with other agencies where required in the best interests of people. Where assistance was requested by people who used the service to gain information from other agencies; the registered manager assisted in this yet was mindful of ensuring that people's independence was promoted. The registered provider sought to identify links in the local community to enable people to access these in line with their wishes. Representatives from Age UK had been invited by the registered

manager to provide people on advice in respect of falls. This demonstrated that resources were identified to provide people with information relevant to them.

By law, registered providers are required to inform us of specific incidents that occurred and that had a potential adverse affect on people who used the service. Our records showed that the registered provider did this as required.

From April 2015 registered providers were legally required to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. Given that the service had not been inspected since its registration; the display of ratings was not applicable on this occasion. The registered manager was aware that this needed to be done following the publication of this report and the reasons for this.