

Yourlife Management Services Limited

YourLife (Glen Parva)

Inspection report

Glenhills Court
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Leicester
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Tel: 01162477533

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26 September 2019
27 September 2019

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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 Glen Parva is a domiciliary care agency providing personal care to older people in their own homes within an assisted living development. 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 the inspection nine people were receiving personal care.

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

Staff had been trained in medicine management and had their competencies checked. Staff had completed training in line with the company policies and procedures, including safeguarding training for adults and staff knew how to report and record and concerns.

Audits and spot checks were completed, and actions identified when required. People, relatives and staff were asked for feedback on the service via surveys and meetings.

People told us they felt safe with staff and that staff knew them well and completed care in line with their wishes and needs. Staff had been recruited safely and had all the relevant checks in place before they started with the service. New staff completed an induction and training schedule before completing lone working.

People and relatives told us that staff were kind and caring towards the people they supported. People and relatives had a good relationship with staff.

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.

Care plans and risk assessments were completed with details of people's preferences, choices, communication, likes and dislikes. This supported staff to know how to support people well.

Staff supported people to access healthcare services when appropriate and made referrals as required to the relevant professionals such as, occupational therapy, GP's and district nurses.

Staff respected people's right to privacy and promoted people to be as independent as possible. People's communication needs were known by staff and the registered manager could provide documentation in different formats to meet people's needs.

The registered manager understood their role and responsibility. People and staff felt listened to by the registered manager and were confident to raise and concerns or suggestions to them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 February 2017).

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.

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 ●

YourLife (Glen Parva)

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

This service is a domiciliary care agency. It provides personal care to people living in their own homes within an assisted living development

Notice of inspection

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

Inspection activity started on 26 September 2019 and ended on 27 September 2019. We visited the office location on 26 September and made calls to staff and relatives on 27 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, duty manager, and care workers

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file 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. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination.
- Staff had received training in how to safeguard adults and had a good understanding of the signs of abuse and knew how to report concerns under safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- People and relatives told us they felt safe with staff. One relative told us, "[Person's name] fell down and staff knew exactly what to do." A person told us, "I feel safe with staff, they know their jobs."
- The potential risks to each person's health, safety, environment, mobility and welfare had been identified and people's files contained detailed risk assessments which identified strategies implemented to reduce each risk.
- Staff told us they felt there was enough information within people's risk assessments to support them appropriately and safely.

Staffing and recruitment

- People and relatives told us they received support from the same team of staff which promoted continuity of care and that they were supported by the number of staff required to meet their assessed needs. People knew in advance which staff were supporting them.
- Staff files evidenced that the provider had safely recruited staff in line with their recruitment policy.
- Staff records showed the provider had carried out an enhanced Disclosure and Barring Service (DBS) check, obtained references and confirmed their identity and right to work.

Using medicines safely

- Medicines were well managed.
- We looked at people's medication records and this evidenced staff managed medicines consistently and safely. Regular stock checks and audits on medicines were carried out.
- People's independence to manage their own medicines was encouraged if safe to do so. Any changes were made with people's full consent.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and staff knew what action to take if they made an error. Records we looked at confirmed this.

Preventing and controlling infection

- Staff were trained and followed infection control procedures.
- Staff told us they were provided with supplies of personal protective equipment, such as uniforms, gloves and aprons.
- The provider had monitoring systems in place to ensure people were protected from the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to check for trends and patterns and identify learning to share with staff.
- The registered manager identified when people fell, they needed to call paramedics to help with lifting the person from the floor. The provider purchased an Emergency Lifting Cushion (ELK is an air powered cushion designed to lift a fallen person from the floor with the assistance of only one carer) which significantly reduced the amount of calls to paramedics needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- When people had appointed a lasting power of attorney (LPA is a legal document that lets a person appoint one or more people to help them make decisions or to make decisions on their behalf) the registered manager had not always ensured the service had the correct paperwork. The registered manager rectified this during inspection.
- People's mental capacity to make decisions or choices was assessed before they began to use the service and kept under review.
- We observed staff sought consent before providing care and support, enabling people to make choices and decisions.
- Staff told us, and we saw that staff respected people's right to decline their care.

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

- People had personalised care plans. People and relatives had been involved, to ensure all relevant information had been documented including information about their preferences and routines.
- Pre-Assessment information had been used to develop care plans and guidance for staff. Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported by the management team and their training was, "fantastic", "really

good" and "excellent."

- All staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities. Additional training was offered to keep up to date with best practice guidelines.
- People and relatives told us staff were well trained as they demonstrated they knew what they were doing which gave people confidence in their care.

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

- People and relatives told us staff were active in providing support to enable them to manage health conditions.
- People's care plans included guidance about conditions that affected them, such as strokes and dementia. This helped to ensure staff were aware of signs and symptoms associated with these conditions and advised them on actions to take in the event of changes in people's well-being.
- When people needed referring to other health care professionals such as occupational therapists, speech and language therapists or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, they assisted the person to call themselves or they contacted the relevant professional to make the referral.
- People had grab sheets completed. This document provides healthcare professionals with information about people's individual needs and prescribed medicines in the event of an unplanned hospital admission.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they were well treated and staff were wonderful. One person told us, "Staff are extremely good, polite and caring." Another person told us, "They [staff] couldn't be better, they are all positive, caring and diligent."
- Staff knew people well and understood how they liked to receive their care. One person told us, "I am looked after well, Staff always ask me if there is anything else they can do for me." Another person told us, "I know staff and they know me, they are very helpful."
- Staff had received equality and diversity training and the provider had an equality, diversity and human rights policy, which set out how to support people, and staff, from diverse backgrounds. People's care plans detailed their religious and cultural needs and detailed who would support this need and how.

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

- People told us the staff arrived at a time that suited them. People were able to change their call times as required.
- People were involved in all aspects of their care planning. All care plans had been completed and signed by the person and their relative, when appropriate.
- Care plans included details of people's life history, wishes, communication needs and preferences. This knowledge was used by staff to ensure they provided care to meet people's needs, in the way they wished.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided care in a dignified and respectful manner. One person told us, "We are all treated with dignity and respect." Another person told us, "Staff are very respectful and never gossip about other people."
- Staff demonstrated a good understanding of protecting people's dignity and right to privacy. For example, knocking on doors, closing doors and keeping people covered whilst supporting people with personal care.
- The registered manager ensured people's information was stored securely and only shared with people's consent.
- People were supported to do as much as possible for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had individualised care plans, which detailed the care and support people needed. Each section had the person's current situation, identified needs, planned care and outcomes they wished to achieve.
- Care plans included information on people's religious and cultural needs, likes and dislikes and routines of care and support required. For example, what time they liked to have a bath or who would support them to attend church. This supported staff to deliver person centred care for people.
- Everyone had an identified staff member to meet with monthly to read and update their care plan, have time to discuss any changes required and to gain feedback on the service.
- Staff told us the care plans and risk assessments were always updated and that any changes in a person's need was communicated to them immediately.

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's communication needs were identified, recorded and highlighted in their care plans. We saw evidence that the identified information and communication needs were met for individuals
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could provide information about the service in different formats to meet people's diverse needs.

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 were supported to maintain and develop relationships with people who were important to them.
- People were supported to participate in activities of their choosing. These included swimming, singing for brain group, Forget Me Not Cafe and attending places of worship.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and we saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.
- People, relatives and staff knew how to make a complaint. A person told us, "I have never had any issues, but if I did I would tell [registered manager] and they would listen and deal with it, that I'm sure." A relative

told us, "I made a complaint a while ago, it was dealt with and they responded to me well, I was happy with the outcome."

- Staff told us they could talk to the registered manager about any issues or concerns.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support. However, people had their wishes and needs documented in their care plans.
- The registered manager told us that if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 management team completed 'spot checks' with staff. These involved observing staff competencies and compliance with the provider's policies, such as, respecting dignity, infection control and person-centred care.
- People and relative's comments included, "Staff provide excellent care, they are all sincere and caring" and "I am really pleased with the service. They look after [person's name] brilliantly."
- Staff told us they were happy working at the service and felt supported by the management team. Staff felt they worked well as a team and supported each other. One staff member told us, "Communication is good, we support each other, and treat everyone like family."

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 was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour. We saw that matters were investigated, and apologies provided along with an outcome letter where appropriate.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to the Care Quality Commission (CQC), our records showed notifications had been submitted as required.
- Policies and procedures were in place and were updated as required to ensure information was current and supported best practice.

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

- The provider arranged regular meetings for people to attend. One person told us, "I always attend the meetings, they are very informative, tell us what we need and gives us a chance to ask any questions." Another person told us, "If I can't attend for any reason, I always get a copy of the minutes, so I know what's going on."

- Staff attended meetings to discuss updates in policies and refresh knowledge. Staff told us they were confident to make any suggestions for improving people's care through regular meetings with the registered manager.
- People and staff were asked for their feedback at individual reviews and through surveys.

Continuous learning and improving care. Working in partnership with others

- The registered manager promoted a culture, by sharing with staff information about incidents and actions taken.
- Staff were open to learning from incidents and worked as a team to understand how to prevent future occurrences.
- The service held a Dementia awareness day for people to attend, due to this meeting many people became 'Dementia Friends.'
- The registered manager made links and worked with, the local community health team, registered manager forums, and Alzheimer's society, to keep the service updated on activities, information and professional standards.