

# Yourlife Management Services Limited

## Your Life (Bath)

### Inspection report

Lambrook Court  
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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 (Lambrook Court) operates an assisted living scheme in a modern and purpose built private development called Lambrook Court. This service is a domiciliary care agency. It provides personal care to people living in their own flats. It provides a service to older adults. The development consists of 50 flats privately owned and occupied by older people who also share some communal areas and facilities; such as dining rooms, lounges and gardens.

Not everyone using Your Life (Lambrook Court) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection three people who lived at Lambrook Court received personal care and support

What life is like for people using this service: People were relaxed, comfortable and confident in their flats and in communal areas. Without exception the feedback we received from people and relatives about the care was very positive and good. Staff we met and spoke with were happy working at Lambrook Court and enjoyed their roles and responsibilities.

Staff understood their responsibility to keep people safe from harm. People were supported to take risks and promote their independence. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability to support people in a care setting. Medicines were well managed and people received their medicines as prescribed. People were protected by the providers infection control policy and procedures.

The service was effective in meeting people's needs. Staff received regular supervision and training. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were provided with a healthy, balanced diet whilst promoting and respecting choice.

Everyone we spoke with agreed that staff were caring and kind. Comments included, "very Kind", "They treat you with respect" and "Patient". "Staff are reassuring and considerate" and they are a good team they work well together." Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service.

The service was responsive to people's health and social needs. People received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. One relative recently send a card to the team. They wrote, "Thank you for the time, kindness and patience you give me throughout the year". Quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Rating at last inspection: This was the home's first inspection since their registration in March 2018.

Why we inspected: This was a planned comprehensive inspection. All services registered with CQC must have an inspection within the first year of their registration.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe

Good ●

### Is the service effective?

This service was effective

Good ●

### Is the service caring?

This service was Caring

Good ●

### Is the service responsive?

This service was responsive

Good ●

### Is the service well-led?

The service was well-led

Good ●

# Your Life (Bath)

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one lead inspector. Over two days.

**Service and service type:** Lambrook Court is a domiciliary agency. People receive personal care. CQC regulates the care provided, and this was looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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 visit because we needed to ensure a registered manager would be present to facilitate the inspection and to arrange visits and contact with people using the service..

**What we did:** Before the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

We spoke individually with three people. two families were happy to speak with us and share their thoughts about the home. We spent time with the registered manager and the operations manager. We spoke individually with five staff. We looked at three people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, audits and quality assurance reports.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People and relatives told us the service was managed in a way that protected their safety. People's comments included, "I love it here. It's now my home the best place I could ever be" and a relative told us their relation was "without doubt" safe living at the development.
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns over people's safety and well-being. Where concerns had been raised these were fully recorded and had been dealt with appropriately.
- Recruitment practices remained safe with pre-employment checks, including disclosure and barring (Police) checks, carried out prior to the commencement of employment.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care, medicine and nutrition. Management plans guided staff to support people in a way that mitigated risks. Records showed that where necessary, specialist advice from healthcare professionals was sought.

Using medicines safely:

- Medicines were managed safely and people received their medicines as prescribed. Only staff trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people.
- Where people were safe to continue to manage their own medicines, this was supported.

Preventing and controlling infection:

- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Staffing levels:

- Sufficient numbers of care staff were available to meet people's needs.
- People told us the staff respond promptly when they called for assistance: one person said, "They do come, even when you press by mistake" another said, "They are there at the press of a button."
- Staffing levels were calculated according to people's dependencies and were kept under review.
- The development also employed housekeeping, laundry and catering staff.

Learning lessons when things go wrong:

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.

- The provider and registered manager used people's feedback and reviews of accidents to make improvements to the home.

# 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

Good: 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 and relatives said they were fully involved in the assessment process and any reviews thereafter. People told us, "They talk to me about everything, I am included in my care plan."
- The provider's assessments were comprehensive, reflected best practice guidance and considered all aspects of people's needs. They included specific assessments for skin integrity, nutrition and mobility, health needs and social circles. People's needs were regularly reviewed to ensure their needs were met and are living a full and active life.

Staff support: induction, training, skills and experience

- People remained confident they were supported by staff who knew how to care for them. One person told us, "All of them are absolutely highly skilled, absolutely they are well trained".
- New staff worked alongside more experienced staff to learn about people's needs. Staff completed an induction to their role and ongoing training. This enabled them to keep up to date with best practice and develop their skills and knowledge in meeting people's needs.
- The registered manager met regularly with staff to review their performance and development needs. Staff felt supported and able to discuss any concerns, share ideas and request further training.
- Staff feedback and our observations showed people experienced effective support. We saw staff encouraging and reassuring a person who was nervous about walking without support to the dining room.

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

- Everyone told us they enjoyed the food provided and had choice. Their comments included, "The food is first class and well cooked" and "Fantastic food choice, always well presented. I particularly enjoy the fish and chips".
- People had the option of enjoying their meals either in their flats or of using the Bistro if they wanted something to eat outside the set dining hours
- Hard work had gone into making meal times enjoyable social experiences with people enjoying drinks such as wine and beer with their meal in a restaurant style setting.
- People were enabled to be as independent as possible with their food and drink. There were two drinks stations in the home for people and relatives to make their own cold and hot drinks. This encouraged independence and hydration.
- People chose their daily menu options in advance. Meals were all cooked on site and the chef knew people's dietary needs and preferences well.
- People were given alternative meals where requested. Where people required their food to be prepared differently because of medical need this was catered for.



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

- People received effective and coordinated care when they were referred to or moved between services. The registered manager told us when people chose to stay with their GP or dentist on moving in, this was supported.
- Information was shared appropriately with other professionals to help ensure people received consistent care and support. For example, staff provided important records about people's needs and medical history where they were admitted to hospital.

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

- People told us they had access to the health care services they needed. A relative said, "Always pick up on small things, when mum isn't well they are quick to call the GP or the ambulance." Care plans described what support people required to maintain good health and wellbeing.
- People were in regular contact with various community based health care professionals. These included community nurses, chiropody, mental health team and GPs. Care records provided a clear overview of the health care appointments people attended, and showed where professionals had made any recommendations or actions for staff to follow.
- Staff were knowledgeable about people's individual healthcare needs and how to support them. They could describe how people's health conditions affected their lives and knew what action to take to keep people safe and well.

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

- The layout of the development supported people's needs and accommodation was provided on three level. Corridors and doorways were wide, enabling people using walking aids and scooters to move independently within the development.
- People had a choice of areas to meet with visitors, join in with activities or spend time in private. They had access to outdoor space with seating areas and a well-maintained garden where people could plant flowers.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- The Deprivation of Liberty Safeguards can only be used if a person is in hospital or a care home. If a person is living in another setting, including in supported living or their own home, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was evidenced.
- Staff and the management had good knowledge of the MCA framework and encouraged people to make choices wherever possible.
- At the time of the inspection everyone receiving support had capacity to make their own decisions, albeit with support at times. People confirmed that staff always consulted with them before care and support was provided. Relatives said they felt involved in important discussions about people's care.
- Where people had assigned representatives or family members involved in making decisions about their care, the provider had confirmed they were lawfully authorised to do so.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect, and involved as partners in their care.

Ensuring people are well treated and supported

- People had good relationships with staff and they looked comfortable and relaxed when approached. The atmosphere was good and we observed a lot of friendly, caring interactions, and smiles. There was a good staff presence in the communal areas, they were responsive to the needs of individuals and gentle with assistance.
- We received some lovely compliments from people and their relatives about the staff. This included, "I can't speak highly of them" and one relative said "I have nothing but praise for the staff. They are extremely caring and professional always."
- Staff were proud about how they supported people and felt they received care that was caring and respected individual wishes. The provider told us, "We put people at the heart of everything we do and give 100 percent for them to live a maximum life".
- During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example, where staff promoted an atmosphere that was calm and conducive to dining.
- Visitors were welcome any time and people saw family and friends in the privacy of their own flat in addition to lounge/dining rooms in the development. Family and friends were invited to special events.

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

- We saw throughout our visit people choosing how they spent their day. One person had chosen to have breakfast in their flat but came to the restaurant for lunch." Staff respected people's decision. A relative told us, "They are very flexible, my mums needs have changed and they were very accommodating. They spent time with her when she needed more support, they listen and will do all they can to suit mums needs."
  - Staff told us they had time during the day to sit with people individually and this provided an opportunity for people to talk about their day and if needed anything.
  - People and relatives confirmed making decisions and independence was promoted.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained.
- People looked well cared for. They were supported with personal grooming and staff had sustained those things that were important to them. This included how people liked to keep their flats.
- Independence was always promoted. We saw people had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and opportunity to move independently.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery. A relative said, "The people at the home always seem really happy with the service they are receiving."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans and they took part in developing these so that they respected individual wishes. This meant care documentation provided staff with details about how people wished to be supported and cared for.

Care plans described people's routines and preferences. Staff knew these well. For example, one care record said, 'I require care and support to make me some breakfast. I like to have porridge with semi-skimmed milk and no sugar. I also like a boiled egg or sardine on toast.'

- During our visit we saw people being cared for and supported in accordance with their preferences. People told us, "From the day I arrived, I have been cared for by staff who are supportive and look after me how I want to be looked after" and "Carers are very good they know what they are doing" and "they have become my friends, actually like family."
- People's changing needs were responded to quickly and appropriately. One person told us, "Very vigilant, when I had a funny turn, they were onto the GP immediately."
- People were offered and provided with activities, outings and things of interest. They handpicked what they liked to do or take part in and staff respected their decisions.
- Activities were discussed at the 'Homeowners' meetings. People took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. One person told us, "There is plenty to do here, the film night is popular. Staff always come in to remind me of what is going on. I don't always attend. I am happy in my own company and my daughter takes me out shopping".
- Systems were in place when information needed to be shared with people in formats which met their communication needs. This was in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People felt they had formed relationships with staff and they felt confident to express their views. Things that had worried people or made them unhappy were documented in the daily records. There were clear accounts of any concerns raised, and how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers. Two relatives told us, "They tell us everything, we are kept in the loop" and "Absolutely, brilliant communication".
- People told us they were listened to and concerns were taken seriously and acted upon. Comments included, "[Registered manager] has taken immediate action when I have raised my concerns" and "I have not had need to complain, but I am reassured that they will take action if I raised a complaint."

End of life care and support

- People's wishes had not been documented. The registered manager told us staff would receive training on end of life planning and care.
- People were supported to remain in their flat if practicable, in familiar surroundings, supported by their

family and staff who knew them well. Accommodation was available to relatives so they could stay at the service and be close to their loved ones.

- Staff had received some lovely written comments from relatives when they had lost a loved one, thanking them for their kindness and support.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Systems in place contributed to the smooth, effective operation of the service whilst still retaining its personalisation. Considering the short length of the time the development has been in operation, there was a good, cohesive group who worked well as a team. The development had received a bronze medal award for National Housing and care for older people.
- The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone living at the service relatives and stakeholders. One person told us, "[Name of registered manager] has a fantastic can-do attitude and how to support people. She does not see barriers. Home owners at heart and advocates for everyone.
- The registered manager and staff knew people and their families well which enabled positive relationships to develop and good outcomes for people living at develop.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules on protecting and keeping people's information safe.
- The provider was proud of their service, empowered staff at all levels and told us it was important they felt valued. Each month staff were recognised for their efforts, the manager wrote a thank you note in the communication book. Staff were nominated and awarded carer of the month for their efforts. Staff spoke with us about the registered manager. Comments included, "It's nice to have a manager that if you know you have made a mistake you can go to. She doesn't make you feel bad. She will help you resolve it and make sure it doesn't happen again" and "She is the best, you can talk to her if you worried".
- The registered manager led by example and was 'caring, kind and respected'. People and staff spoke well about her and their overall satisfaction of the whole service provision. Comments included, "She is the captain of the ship, no one is left behind, she and the team go above and beyond the call of duty" and "Very visible, you can talk to her anytime and she comes to my flat, we have a laugh she checks up on me." A relative told us, "She is very approachable and amazing. The care quality is irreproachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- Monthly audits were carried out for health and safety, infection control, the environment, care

documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

- Social events were organised to enable people and their families to get together.

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

- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports, staff meetings and written daily records.
- The service sought the views of everyone using the service by way of annual surveys. This information was being collated at the time of the inspection so that the registered manager could respond to any concerns/suggestions. We had a look at some of the completed surveys which evidenced positive outcomes. Comments included, "Very Happy Living here", "Happy with everything so far" and "Staff are very nice, getting along with everybody."
- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Relatives told us communication was effective and they felt fully informed about their loved ones and any significant changes.
- Other methods of communication included planned meetings for 'Homeowners', relatives and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective, meaningful and enjoyed.
- Social events were organised to enable people and their families to get together.
- Staff were supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and CQC.
- The provider and registered manager attended local provider and care home forums and Care and Support West meetings, in order to network with others, share ideas and keep up to date with best practice.
- The service maintained strong links with the local community to ensure people could preserve their cultural identity, which we were told was important to people. For example, one person attends cultural activities in Bath.