

Yourlife Management Services Limited

Your Life (Royston)

Inspection report

Goodes Court
Baldock Road
Royston
Hertfordshire
SG8 5FF

Date of inspection visit:
10 June 2019

Date of publication:
08 July 2019

Tel: 01763256810
Website: www.mccarthyandstone.co.uk/assisted-living/care/yourlife-management-services/

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 (Royston) operates an assisted living scheme in a purpose-built private development called Goodes 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 52 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 (Royston) receives a 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 consider any wider social care provided.

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

People and their relatives said they felt the service provided was safe. Staff understood the action to take if they suspected harm or abuse. People were protected from risks associated with their care needs because care plans guided staff to support people in a way that reduced identified risks. People told us that enough staff were available to meet their care and support needs and that their care was provided regularly and on time. The registered manager said they could respond very quickly in terms of providing additional care hours if a person's needs escalated.

The provider operated robust recruitment procedures and checks to help ensure staff were suitable to work at the service. People's medicines were managed safely, and people received them as prescribed. Staff had access to cleaning products and equipment such as gloves to support people to keep their homes clean and free from infection. The provider had a system to analyse incidents and accidents, and this was used to identify themes and learning.

Staff assessed, and documented people's needs and preferences in relation to their care and planned support based on this. People and their relatives said staff were trained to do their jobs well. Staff received supervision and competency observations to help ensure they had the knowledge to perform their job roles. People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.

Staff and the management team worked well with other professionals for the benefit of people who used the service. Information was shared appropriately with external professionals to help ensure people received consistent care and support. 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.

Staff communicated with people in a kind and respectful manner. Staff had a good understanding of the needs of the people they supported. People and relatives told us they felt people were treated fairly and

were free from discrimination. People's care plans showed they were consulted about changes to their care and these were documented. People were able to choose how and where they spent their day either in their own apartments or together with other homeowners in the comfortable and pleasant communal areas. People were supported to take part in activities based on their interests to help reduce the risk of social isolation.

The service had a complaints and compliments policy, this was available in different formats for people to use. People and their relatives told us they would be confident to raise anything of concern with the management team. People were supported to stay in their own home and receive end of life care if they chose to do so, and extra support was put in place by the service to facilitate this when needed.

The registered manager and staff knew people and their families well which enabled positive relationships to develop and good outcomes for people living at Goodes Court. Systems were in place to monitor and evaluate services provided. Concerns, incidents, accidents and notifications were reviewed by the provider's senior management team to analyse and identify trends and risks, to prevent re-occurrence and improve quality.

The roles of management and the staff team were clearly defined and understood. The provider had developed effective systems to monitor the quality and safety of the service. Systems were in place to learn from accidents, incidents and complaints. The service worked closely with other agencies to help ensure good outcomes for people.

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

Rating at last inspection

At the last inspection the service was rated as Good. (Last report published 27 October 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Your Life (Royston)

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care service. It provides personal care to people living in their own apartments.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection site visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity was started on 10 June 2019 and ended on 20 June 2019. We visited the office location on 10 June 2019.

What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

five members of staff including the provider's quality lead, the area manager, the registered manager and two care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. On 20 June 2019 we spoke with relatives of two people who used the service by telephone to gather their views on the quality of the service provided for people.

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 remained the same. This meant people were safe and protected from avoidable harm.

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

- People told us they felt safe at the service and one person said, "I feel very safe living here. This is because there are always people around and I can access help if I need it." A relative of a person who used the service told us, "I feel [Person] is safe living at Goodes Court because they are not hugely mobile and there are pull cords for them to be able to access help if they needed it Staff attend person twice a day which gives us confidence that someone is there to check for their safety."
- Staff told us the steps they would take if they suspected harm or abuse. One staff member told us, "I would report to the team leader or duty manager. If they are not available, we can always raise anything with the safeguarding team."
- There was a safeguarding policy in place at the service which guided staff what to do if they suspected people were at risk of harm and abuse. Posters displayed in communal areas advised people, relatives and staff who to contact in these situations.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their care needs. These included such areas as mobility, skin care, medicine and nutrition. People's care plans guided staff to support people in a way that reduced identified risks and met their individual preferences.

Staffing and recruitment:

- People told us that sufficient numbers of staff were available to meet their care and support needs.
- People told us the care was provided regularly and on time. A person's relative said, "Care calls are well organised and punctual."
- Staffing levels were calculated according to people's care needs and were kept under review. The registered manager told us that they could respond very quickly in terms of providing additional care hours if a person's needs escalated.
- The provider operated robust recruitment procedures and checks to ensure that staff were suitable to work at the service.

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.
- At the time of this inspection, people had chosen not to self-administer their medicines. However, the

registered manager advised that where people were able and confident to manage their own medicines, this would be supported.

Preventing and controlling infection:

- Staff had access to cleaning products and equipment such as gloves to support people to keep their homes clean and free from infection.
- People's flats were visibly clean and people told us that staff always promoted good hygiene practices when they supported them. A relative said, "The whole place including the communal areas are kept very clean and fresh."

Learning lessons when things go wrong:

- Where errors occurred, we saw that these were recorded, and actions were put in place to prevent reoccurrence.
- The provider had a system to analyse incidents and accidents and this was used to identify themes and learning. For example, if incidents were occurring at a specific time of day or in one place.

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 remained the same. 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

- Staff assessed, and documented people's needs and preferences in relation to their care, and planned support based on this.
- People's outcomes were good. For example, one family member told us, "We (The entire family) all feel that [Person] should be supported to stay in their own home for as long as possible. [Person] feels happy and safe at Goodes Court and receives the care and support they need to remain independent for as long as possible."

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were trained to do their jobs well.
- Staff told us that they received training in areas such as safeguarding, moving and handling and the Mental Capacity Act. A staff member told us, "My training helped me with the care I provide for people, it made me more aware and more tolerant of their questions as a result of any memory loss."
- The management team advised that the provider's training provision had been forced to change as their regular training provider had ceased trading. In the interim period, refresher training was provided via digital training methods. However, this was under review at this time.
- Staff received supervision and competency observations to ensure that they had the knowledge to perform their job roles. Staff told us they found these supportive and useful.

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

- People were supported to make their own meals or use the external catering service that provided meals in the communal dining area.
- People were generally positive about the quality and choice of meals they were supported to have.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.
- Records confirmed that people were referred to dieticians or speech and language therapists if they needed more support to eat well.

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

- Staff and the management team worked well with other professionals including speech and language therapists, district nurses, GPs and other care agencies.
- A relative told us, "The team are quick to involve health professionals and liaise with us. They (staff) know [person], they can see quickly if they are not well and take prompt action."

- Information was shared appropriately with external professionals to help ensure people received consistent care and support. For example, staff provided records about people's needs and medical history when they were admitted to hospital.

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

- People were supported to access health services. One person told us, "[Staff] organise for the doctor to come and see me. They help me to answer any questions that the doctor might ask me."
- Detailed records of people's health appointments were used to update care plans where necessary.

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. We checked whether the service was working within the principles of the MCA and found that it was.

- People told us that staff always asked for consent when supporting them. We saw that people had been asked for consent to be supported in line with their care plans and risk assessments.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice.

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 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; equality and diversity

- Staff communicated with people in a kind and respectful manner. Staff had a good understanding of people they supported.
- People and their relatives were positive about the care at the service. A relative told us, "[Person] is very lucky to be living there and feels safe and happy."
- People's care plans and records written by staff used respectful language and gave a good overview of how people were supported.
- People's diverse needs were respected, and care plans identified people's cultural and spiritual needs. People and relatives all told us they had felt people were treated fairly and were free from discrimination.

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

- People's care plans showed that they were consulted about changes to their care and that these were documented. Regular reviews were undertaken of people's support involving people, their relatives and other professionals as needed.
- People were able to choose how and where they spent their day, either in their own apartments or together with other homeowners in the comfortable and pleasant communal areas.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative said, "The staff are respectful of [person] and promote their pride and dignity. They put [person] in charge of their care."
- People were happy that staff supported their independence and one person told us, "Anything I can do by myself, I do. Staff help me to maintain my independence as much as I can and need."
- Staff knew how to support people and care plans were written in a way that promoted people's dignity and independence.

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 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 received care that was tailored to their individual needs, likes, dislikes and preferences.
- People's care was adapted to meet their changing needs. The management team gave us examples where people's needs had gradually increased or decreased, and their care packages had been amended accordingly.
- People were supported to take part in activities based on their interests such as afternoon tea, Tai Chi, seated exercise, film nights, bridge club, quiz nights and internal and external speakers. People's relatives told us this was integral to people's wellbeing, as it greatly helped to reduce the chances of social isolation.

Improving care quality in response to complaints or concerns

- The service had a complaints and compliments policy in place and this was available in different formats for people to use.
- The provider maintained an overview of any complaints received to assess themes across all their services and demonstrated that people's concerns were important to them.
- Your Life (Royston) had not received any formal complaints in the past two years. People and their relatives told us they would be confident to raise anything of concern with the management team.

End of life care and support

- People had been supported to identify their preferences and put plans in place for when their health deteriorated.
- People were supported to stay in their own home if they chose to do so and extra support was put in place by the service to facilitate this when needed.

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

- The registered manager and staff team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone living at the service, people's relatives and other stakeholders.
- The registered manager and staff knew people and their families well, which enabled positive relationships to develop and good outcomes for people living at Goodes Court.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules about protecting and keeping people's information safe.
- The registered manager led by example. A relative told us, "The registered manager is outstanding, she has gone above and beyond the call of duty so many times. [Person] is happy to talk with her which makes us feel very comfortable. Half our confidence is because of the registered manager, she is extraordinary."

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 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 care provided to people. Concerns, incidents, accidents and notifications were reviewed by the provider's senior management team. This was to analyse and identify trends and risks, to prevent re-occurrence and improve quality.

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

- The roles of management and the staff team were clearly defined and understood.
- Risks to people's health, safety and wellbeing were effectively managed through the provider's governance systems.

Continuous learning and improving care

- The provider had developed effective systems to monitor the quality and safety of the service.
- Systems were in place to learn from accidents, incidents and complaints.
- Where any shortfalls were identified, these were actioned in a timely manner to promote people's safety and wellbeing.

Working in partnership with others

- The service worked closely with other agencies to help ensure good outcomes for people. This included working with health and social care professionals to help ensure people received the care and support needed to meet their needs.