

Yourlife Management Services Limited

Your Life (Tunbridge Wells)

Inspection report

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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 (Tunbridge Wells) is an independent living service for people aged 70 and over. People using the service lived in one or two-bedroom apartments in a large retirement living development. Staff were available 24 hours a day to provide domestic assistance and support such as cleaning, preparing meals, supporting people to mobilise and maintain their health. Personal care was also provided to three people to enable them to remain living independently.

People's experience of using this service:

- The service offered people who could buy a retirement apartment an alternative to moving to a residential care home as there was always care and support available, on site facilities such as a restaurant and facilitated activities.
- People were funding their care privately and therefore had complete control around how much care and support they received. The service was able to be flexible with the amount of care provided and responded to people's immediate needs as there were always staff on site.
- One person told us how happy they were with the service; how lucky they felt and how it was very well run. They described how at first, they thought, 'What have I done' as it was a big move to make (as they had sold their home and brought this retirement apartment) but that they felt very at home now.
- One relative described how they felt they had, 'Landed on their feet' with finding this service for their loved one.
- People were empowered to make choices and have control over the care and support they received. They were enabled to remain independent and in their own home, knowing they were safe as support was always available if needed.
- People were supported by a caring and competent staff team who knew them well, who in turn were supported by an effective and well-respected registered manager.
- The home met the characteristics of Good in all areas.

Rating at last inspection: This is the first inspection since the service was registered.

Why we inspected: This was a comprehensive planned inspection.

Follow up: We will continue to monitor this home and plan to inspect in line with our reinspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at 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?

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 (Tunbridge Wells)

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 team consisted of one inspector.

Service and service type:

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 bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

Not everyone using Your Life (Tunbridge Wells) 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 take into account any wider social care provided.

The service had a manager registered with CQC. 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 one-day notice of the inspection visit to ensure the manager was available to speak with.

What we did:

We reviewed information we had received about the service, including details about incidents the provider must notify us about. The registered manager had completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection we looked at the following:

- The environment
- We spoke with two people using the service and one relative.
- We spoke with two members of staff and the registered manager.
- Care records
- Medicines records
- Records of accidents and incidents
- Audits and quality assurance reports
- Four staff recruitment files
- Staff training records
- Rotas
- Health and safety information

Following this inspection, the registered manager provided us with additional information we requested around 'as required' medicines protocols and accident tracking.

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm. Posters around this were visible in communal areas.
- People told us they felt safe and one relative who visited regularly told us they believed their loved one was kept safe.
- Staff had received training in this area and were confident the registered manager would listen and act upon any concerns quickly.
- Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager promoted an open culture to encourage staff to raise any concerns. They had not had any concerns to notify CQC of and were aware of local safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- Individual risks to people were identified, assessed and managed safely. Risk assessments were in place to provide guidance to staff how to reduce the risks to people and staff could tell us how they kept people safe. For example, risk assessments considered people's risks around recurring urine infections and how to prevent this by encouraging people to drink enough and ensuring drinks were left within their reach.
- Risk assessments were in place to ensure any equipment was used safely and staff confirmed they received training around this, for example on how to use hoists to lift people.
- Environmental risk assessments were done for people's homes, for example around the risk of wet floors.
- All the necessary health and safety checks were completed around fire, window restrictors, water temperatures, fridge and freezer temperatures, legionella and equipment.
- Fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Staffing and recruitment

- Staff were recruited safely and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff. One file was missing an explanation

around an employment gap. However, the registered manager was aware of the reasons for the gap. We spoke with the registered manager about this who told us they would ensure any explanations of employment gaps were recorded.

- There were enough staff to keep people safe and meet their needs as there was always staff on site. The registered manager had assessed the required care packages and had ensured these continued to meet people's needs. For example, by continued conversations with people and their relatives.
- People told us staff arrived on time for their scheduled care and support. One person said, "They give me time, I never feel rushed."
- One relative told us there were enough staff and said, "(Name) gets the support they need."
- Rotas evidenced enough staff were deployed to meet people's needs. People were supported by a consistent staff team and there was no use of agency staff. People told us they knew the carers and the carers knew them well.
- Staff confirmed that people received more support if their needs changed to require this.

Using medicines safely

- Medicines were managed safely. Staff received training to administer medicines and their competency was checked regularly.
- People received their medicines as prescribed. One person told us, "I have to take (name of medication) every morning. I ask them to come and they are here within a minute."
- There were appropriate systems in place to order, store, administer and dispose of medicines safely.
- Staff could tell us when they needed to administer 'as required' medicines. However written protocols were not in place for these medicines to ensure staff knew when people needed these medicines and how to evaluate their effectiveness. We spoke with the registered manager about this best practice guidance who rectified this immediately after our inspection.
- Regular audits were completed and signed off by the registered manager to ensure people received their medicines safely. No medicine errors had occurred within the service.

Preventing and controlling infection

- People's apartments were clean and people described the help they had with their cleaning from staff.
- Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing gloves and aprons and washing their hands regularly.
- Information about how to prevent the spread of infection was present in the service and personal protective equipment was available for all staff to use.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Most incidents were around people falling and people's individual needs had been identified and acted on.
- Staff could describe the process for reporting incidents and accidents and knew what to do in the event of a fall.
- The registered manager had logged incidents to identify any trends and learning. For example, these showed one person's mobility had deteriorated leading to an increase in falls. Lessons were clearly learnt as care plans had been reviewed and support increased. However, these lessons and outcomes were not always clearly recorded. We spoke with the registered manager about this who has implemented an incident tracker following our inspection to record follow up actions and learning from incidents.



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's needs were comprehensively assessed, looked at their current situation, their needs, planned care and agreed outcomes so staff could support them effectively. For example, one person had two staff to support them when they needed to move to ensure their safety.
- People were supported to achieve positive outcomes. For example, one person was unable to mobilise when they started to use the service. They had been supported to regain their mobility which had improved their quality of life.
- People were supported to regain and maintain their independence which had prevented people moving to residential care services and enabled them to remain in their own home.
- Where people's needs were identified, for example around pressure sores, further assessments were done to ensure their needs were fully met. This supported positive outcomes and no-one had a pressure sore.
- One person described how they could choose their support to suit them, for example what time they wanted support to go to bed.
- People's protected characteristics under the Equality Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, religion, sexuality and disability. Staff completed training in equality and diversity. The registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- Staff had received an appropriate induction to the service and training in areas, such as health and safety, infection control, fire safety, safeguarding, first aid, food hygiene and manual handling. There was a training matrix in place so that when staff required a training update, this was arranged.
- Training was provided to ensure staff could meet people's individual needs. For example, in dementia awareness.
- One person told us they were sure that staff had the training they needed to support them.
- Staff were competent, knowledgeable and skilled. Staff told us about training they had received which helped them to provide effective support. For example, around manual handling.

- Staff told us they were supported by the registered manager and received regular supervision, competencies and appraisals.
- New staff were introduced to people before providing any support and were supported to learn about people's needs by familiar and experienced staff. This enabled people to experience a continuity of care and minimise the distress and disruption caused by changes in staff.

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

- Staff ensured people's dietary needs and preferences were met.
- We observed staff ensured people had a drink to hand before they left their apartment.
- People were involved in choosing their meals and had a choice of being supported with meals in their apartments or supported to go to eat in the restaurant on site.
- One person said, "The food is good really, you can have what you like, they make me a sandwich at night, I go down to the bistro for lunch, the chef is good."
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these. For example, one person had been recommended to have an 'easy chew' diet by a speech and language therapist. The person had an easy chew diet in place and minor alterations had been made to menus enabling the person to eat at the restaurant if they wanted to.

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

- Healthcare records and plans provided clear guidance for staff for all people's healthcare needs.
- Detailed records were maintained for all health appointments, for example with their GP.
- People were supported to maintain good health and were referred to appropriate health professionals as required. For example, one person had been supported by an occupational therapist with equipment they needed.
- One relative said about the registered manager, "(Name) is very good at picking up when they are unwell quickly and is usually three steps ahead of everyone else."

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

- The building was fully wheelchair accessible and had a mobility scooter charging room for people to use.
- The building was well maintained with a 24-hour estate management team, offices and staff areas.
- The environment was comfortable and met people's needs. For example, there were communal areas within the service where people could spend time relaxing with other people and engage in activities; a restaurant and a hair salon.

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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No-one was being deprived of their liberty.
- People's capacity was assessed for what support they needed to make decisions in all areas of their lives.

They 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 asked to consent to their care and care plans had been signed.
- Staff were aware of the principles of the MCA and clear guidance was provided to staff within people's care records.
- Where people had a Lasting Power of Attorney (LPA) in place or were in the process of doing so, this was recorded in people's care records. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.



Our findings

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

Good: □ 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

- One person told us, "(Name of registered manager) is marvellous, wonderful, highly organised and gets it all perfect. The girls are all lovely...I'm very well looked after."
- One relative told us, "The staff are exceptional...they treat them with respect, they are lovely to deal with."
- Staff were patient and caring with people and showed compassion. We viewed kind, friendly and respectful interactions throughout the inspection. For example, we observed staff knocking on people's doors and waiting to be invited in. Staff informed people what they were doing and asked their permission before doing something for them. Staff asked people if they needed anything.
- One staff said, "What is lovely about this job is you can sit and have a cuppa with people."

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

- People were asked to complete a survey twice a year which asked if they found the staff friendly, if their concerns were dealt with and what they thought about the service. The feedback was all positive.
- People had information about their communication within their care plans which enabled staff to support them to express themselves.
- Staff showed a good understanding of people's needs and preferences. They would ask the person's permission before doing something, for example doing their washing-up.
- The registered manager spent time in the service and worked directly with people to ensure they knew people's views on the care provided.
- People were asked about their views in care plan reviews.
- No-one was using advocacy services at the time of our inspection as people's families were involved. However, the registered manager informed us they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was supported and information about people was held securely.

- People were supported to maintain relationships that were important to them, for example friends or family and this contact was recorded. One relative told us how staff have supported their loved one to dial the number for them to call them.
- Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care, for example ensuring the door was closed.
- One relative said, "The other day they asked us to order an anti-slip mat, so the plate doesn't move when he feeds himself. (Name) is always very smart and staff encourage them to lead as normal life as possible."
- People were encouraged to maintain their independence where possible. Staff told us how they encouraged people to do as much as they can, how they don't assume the person can't do something and how much people wanted to keep their independence.

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.

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

- People were supported to live their life how they wanted and were given choice and control of the care and support they received. The way the service was set up meant people could have a service tailored to their needs. People were given the care they wanted, when they wanted it.
- One relative told us, "(Name) actually wants to be here, (Name of) the registered manager and team have been fantastic in the care they have given them."
- Care records described the support people needed in person centred ways, for example how one person liked to be left in front of their sink to shave them self.
- Peoples likes and dislikes and daily routines were recorded to ensure staff supported them in the way they liked.
- The way the service was designed meant people received care and support from staff they knew as staff also worked in the restaurant on site which people used.
- The service offered facilities, activities and social events for people to participate in if they wanted. For example, there was a hairdressing and nail salon and an anniversary party was held.
- One person said, "There are plenty of activities... bingo, film night, cheese and wine, knitting."
- People's communication needs were known and understood by staff. People's care plans included details which helped new staff learn about how people expressed their needs. Information was shared with people in formats which met their communication needs.
- Technology was used to support people's needs. For example, people had wrist bands linked to a call system that they could activate if they needed support in an emergency.
- People's care and support was regularly reviewed and updated to reflect their changing needs.
- People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to promote positive outcomes for people.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people, relatives and visitors. There had not been any complaints.
- One person told us they didn't have anything to complain about but would complain to the registered

manager if they needed to and said, "They would do anything for me. They will be up quickly if I wanted something...I am a fussy person so I would complain."

- One relative told us they would speak to the registered manager and were confident they would be listened to.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. People's choices, wishes and arrangements for the end of their life where known were recorded.

- Some people had a, 'Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records. This ensures staff are aware of peoples wishes.

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

- There was a caring culture in the service. People, a relative and staff were all positive about the registered manager and said they were supportive and approachable. Staff described the service values as, "Respecting people's choices and rights" and "Promoting independence and equality."
- The registered manager demonstrated a strong commitment to ensuring they provided person centred and high-quality care and was responsive to feedback during our inspection. Their duty of candour was demonstrated in the way they kept relatives informed of any incidents.

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

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks.
- The registered manager regularly worked closely and hands on with the staff to monitor the care provided and completed spot checks.
- The area manager held quality visits and completed audits and the provider's compliance team completed an annual compliance audit which involved people and staff.
- Quality assurance systems, such as audits and checks were used effectively. For instance, audits were completed on medicines, daily care notes and care plans and actions were identified as a result and used to make improvements. For example, where any documents had been identified as missing these had been put in place.
- Staff were knowledgeable in their roles and had easy access to the provider's policies at all times.
- Staff told us they felt well supported by the registered manager. One staff said, "They are very approachable, very easy to talk to, helpful, always hands on if needed and there are no barriers."
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. No such events had been notified to us as none had occurred. The registered manager clearly

understood their role and responsibilities and had met all their regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- People and those important to them were engaged with the service. One person told us how they had a coffee morning on a Wednesday when people can voice their opinions about the service.
- The registered manager had clearly built up positive relationships with people's families and they were invited to attend care reviews and social events.
- One relative told us the communication with them was good and said, "We are kept informed, we knew the GP was coming today. That's the key to it."
- Team meetings and handover meetings were held to share information and the registered manager had an 'open door' policy. This enabled good formal and informal communication between the managers and staff team.
- Staff told us they felt involved and listened to. Comments included, "I am supported by the other staff and the duty team are all very helpful, I could go to anyone, we help each other" and, "It's a really good place to work, it's my favourite job I've had."
- The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way. The registered manager told us about meetings held including professionals involved with people's care. For example, GP's and occupational therapists.
- The registered manager attended a registered managers network to ensure they remained up to date with best practice.