

Yourlife Management Services Limited

Yourlife (Walton-on-Thames)

Inspection report

Edward Place
14 Churchfield Road
Walton-on-thames
KT12 2FR

Tel: 01202362303
Website: www.yourlife.co.uk

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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 (Walton-on-Thames) is a domiciliary care service which provides care to people living in their own apartments within Edward Place, a retirement 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 our inspection three people were receiving the regulated activity of personal care.

People's experience of using this service

People were supported by a caring staff team who knew them well. Staff understood the need to support people to maintain their independence and ensured people's privacy and dignity was respected.

People's care plans were detailed and contained information on how to manage risks to people's safety and well-being. Staff had received training in safeguarding and were aware of their responsibilities for keeping people safe from the risk of abuse.

Staff received the training and support they required to carry out their role. Staff told us they felt supported and received regular feedback to enable them to develop and gain further skills. Recruitment checks were completed in order to help the provider make safer recruitment decisions. There were enough staff available to meet all care calls in a flexible and responsive way.

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. Staff understood the need to gain consent and ensured people were fully involved about decisions regarding their care.

People, relatives and staff were complimentary about how the service was run. There was a positive culture within the service and the team worked to ensure the values of the organisation were embedded into practice. Regular feedback was sought to support the service in continually improving.

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

Rating at last inspection

This service was registered with us on 26 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 (Walton-on-Thames)

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 was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats within a retirement development.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 reviewed all the information we had about the service. This included any notifications of significant events. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We visited the service to see the registered manager and to review care records, documentation and policies and procedures. We also met with the estate manager who has day to day responsibility for the running of Yourlife (Walton-on-Thames) and two staff members. We spoke with two people living at the service and a relative.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further relative by phone to gain their views of their loved one's care.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe in the company of carers. Comments included, "We're very safe here. There's no problem with the staff and they give us alarms so we can call for assistance at any time." And, "I've never felt unsafe here."
- Staff were aware of their responsibilities in safeguarding people from abuse. One staff member told us, "We would question any changes (in people's mood) because we know all the homeowners very well. Any safeguarding would be reported to the local authority, to safeguarding, if that was needed."
- Policies and procedures were in place to ensure any safeguarding concerns were appropriately reported and investigated. At the time of our inspection there had not been any safeguarding concerns at the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks assessments were completed to reduce risks to people's safety and well-being. Risk assessments covered areas including moving and handling, falls, diet and nutrition and environmental factors.
- Accidents and incidents were recorded, and action taken to minimise risks to people. One person was identified as being at a higher risk of falls due to feeling dizzy in the morning. With the person's agreement their morning routine was changed which led to a reduction in their symptoms.
- Contingency plans were in place to ensure people would receive their care in the event of an emergency. Each person's file contained details of the support they would require in the event of extreme staffing shortages and how this would be maintained.

Staffing and recruitment

- Staff had enough time to spend with people and did not feel rushed. One relative told us, "They are so patient and take their time which makes all the difference." One staff member said, "We can take our time which means things can be done how they want them."
- Sufficient staff were available to meet people's care calls. Duty managers were available throughout the day and on-call at night. They received the same training as care staff and were able to offer adhoc or emergency care to people as required.
- Staff were recruited safely. Pre-employment checks were completed to help ensure staff employed were suitable. These included conducting a face to face interview, completing a Disclosure and Barring Service (DBS) check and obtaining references.

Using medicines safely

- Staff received training in the administration of medicines should people require support with this. At the time of our inspection people managed their own medicines and only required support with the application

of topical creams.

- Topical cream body charts were in place to guide staff on where creams should be applied. Medicine administration records showed people were supported with the application of creams in line with their prescriptions.

Preventing and controlling infection

- People and relatives confirmed that staff wore personal protective equipment (PPE) and followed guidance in relation to COVID-19. Comments included, "I think staff have been absolutely remarkable through all of this. They always wear their masks and gloves and the place is kept spotless." And, "They have been very good with how they have approached everything and thank goodness everyone has been safe."
- Guidance was available to staff on the precautions they should take to minimise the spread of infection. Specific procedures had been developed during the pandemic to ensure government guidance was followed. We observed staff wore PPE appropriately and observed social distancing guidance where possible.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's needs were assessed prior to them receiving a service. This ensured staff with the relevant skills and knowledge were available to support the person's needs.
- The registered manager told us people receiving care visits had lived at Edward Place prior to needing this type of support. This meant they had an existing relationship with the staff team who would be supporting them. The estate manager told us, "There is a trust there between us already so we can work together to find out what they need."
- The registered manager told us the organisation worked as one big team to ensure people received a holistic service. They told us, "We work closely with all the departments to put on different events. Head office give us ideas and guidance and we discuss that with the homeowners and staff."

Staff support: induction, training, skills and experience

- People were supported by staff who had received the training they required for their roles. One relative told us, "I would describe all the staff as extremely competent at what they do."
- Training undertaken by staff included, person centred care, moving and handling, first aid and health and safety. Regular refreshers were completed to ensure staff learning remained up to date.
- Staff were supported through regular supervisions to discuss their performance and learning. One staff member told us, "I think the supervisions are useful as we get feedback if we need to do anything differently or on what we're doing well. Good feedback is important so we can carry on forward with our jobs."

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

- People received the support to eat and drink where required. Care plans contained detailed guidance for staff regarding the food people enjoyed and how they liked it to be prepared. The importance of people maintaining their fluid intake was also recorded.
- A restaurant was available at Edward Place which people told us they appreciated. One person told us, "It's fantastic really. Even when they couldn't open (due to COVID-19 restrictions) staff would bring the meals to us. It's a good quality."

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

- People had access to healthcare professionals when needed. One relative told us, "They will always keep me informed. They had no issue with the district nurses calling in the middle of the night when there was an emergency."

- Information and guidance regarding specific health conditions were known to staff. This included support people may require maintaining good emotional and mental health. Contact details were available for health professionals involved in people's care.
- Staff were able to explain the precautions they took with individuals to support them to remain healthy. These included regularly checking skin for signs of pressure damage and encouraging people to drink to minimise the risk of infection.

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

- Staff had completed training regarding the MCA and the provider had relevant policies in place.
- Staff demonstrated an understanding of how the MCA impacted on their role. One staff member told us, "The first thing we do is to get the consent to be there and to provide any care. If we don't that can be considered abuse. We can't do our job unless we have that consent."
- The service was not providing care to anyone who lacked the capacity to make day to day decisions. We saw evidence where people had signed their consent to the care packages they received.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and relatives told us they were treated with kindness and compassion. Comments included, "The staff are all absolutely marvellous and very kind." And, "They go above and beyond to help and always keep a careful eye out."
- People were supported by staff who knew them well. Staff had built positive, trusting relationships and spoke with enthusiasm and interest about the people they supported. They were able to describe people's life histories and things that were important to them. The registered manager told us, "Staff are taking time with people, being kind and approachable, being understanding so they see someone is there for them."
- Staff supported people to maintain relationships with those who were important to them. During the COVID-19 pandemic staff had supported people to use technology to maintain contact with their family and friends. The estate manager told us staff had also made welfare checks on people in the early evening as this was the time when people would have received visitors under normal circumstances.

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

- People were involved in the planning of their care. Records showed that people's preferences were recorded throughout their care plans and these were followed by staff.
- People were asked about the outcomes they wanted in different elements of their care. This helped staff to understand what was important to each person. For example, one person had recorded, "I want to have the time to be as independent as possible." Staff we spoke with were able to demonstrate how they supported the person to achieve this.
- Reviews of people's care were completed to check if any changes were required. Reviews took place every three months or following any changes in people's circumstances. Records confirmed that adjustments were made in line with people's needs and requests.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff respected their privacy and dignity. One relative told us, "They don't make us feel uncomfortable in any way."
- Staff received training in 'Dignity in Care'. One staff member told us, "It's important to engage them in conversation to make them feel comfortable. To make sure everything is private and cover people up."
- Care plans provided information regarding what elements of people's care they were independent with. One relative told us, "They don't rush or take over. That wouldn't work for (person name)."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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; End of life care and support

- Relatives told us staff were responsive to people's changing needs. One relative told us, "Dad went through a really rough patch. They were exceptional in how they looked out for him."
- Care plans contained detailed guidance regarding the care support people required. Staff we spoke with were aware of people's preferences but also the need to offer choice. One staff member told us, "Everyone is different, some have a set way they like things done whilst with others every day is different so I will always ask and discuss what they want."
- People were encouraged to take part in activities to minimise the risk of social isolation. During the COVID-19 pandemic activities such as bingo and quizzes had been organised through video calls to help people maintain links with the Edward Place community.
- No one receiving a care package was at the end of their life. People had been asked if they wanted to discuss their future wishes, but all had declined.

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 and their relatives felt staff communicated in a way they felt comfortable with. One person told us, "I'd say they communicated well and they are always available if you need to speak with them."
- All those receiving support were able to communicate verbally or in writing and as such did not have any specific requirements in this respect. The registered manager told us people's communication needs were assessed so any additional support needed could be provided.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns. Comments included, "You only have to mention something to (estate manager) and it's dealt with." And, "I would have no problem speaking with (estate manager) and I'm confident they would deal with anything."
- Staff were aware of how to respond to concerns. One staff member told us, "I would always record a complaint. I would do everything I could to resolve the issue quickly but if I was unable to do that, I would inform the estate manager or registered manager as soon as possible. We also have a comments and complaints box for anonymous complaints."
- A complaints log was maintained which showed concerns raised had been acted upon promptly. Team

meeting and supervision records evidenced concerns were shared with staff to improve practice.

- A log of compliments was kept and shared with staff members. The compliments received demonstrated the team's commitment to people. Comments included, "Thank you for all you have done to make us safe and happy." And, "We are grateful to you and your wonderful staff. Thank you for the special care you extend to our cherished Mother."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People and their relatives told us the service was managed well and personalised. Comments included, "(Estate manager) is very good and it goes across the board. There is no-one I wouldn't describe as kind." And, "It's all superb here. I am pleasantly surprised. I wish we'd done it (moved home) years ago."
- The registered manager and estate manager spoke with enthusiasm about the organisation's values of PRIDE, (Passion, Responsibility, Innovative, Determination and Excellence). They were able to give examples of how they put these values into practice through offering person centred care which was led by people's preferences and opinions.
- The management conducted regular spot checks on the care provided. Checks covered areas including people being treated with dignity and respect, moving and handling, communication and ensuring consent was gained. Staff told us they found this practice useful and supportive. One staff member said, "They check we're using the correct PPE and their (people's) dignity is respected. They bring feedback that's positive as well as the negatives so we can keep learning."

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

- Audits of systems such as medicines management (topical creams) and record keeping were completed monthly. Supervision records showed any shortfalls noted were addressed directly with staff.
- Monthly reports were completed to monitor systems within the service were working effectively. These covered areas including care plan reviews, safeguarding concerns, accidents and incidents reviews and staff training and supervision. The quality of these processes was checked during audits completed by the area manager.
- The provider had a policy in place regarding duty of candour which demonstrated the need to act in an open and transparent manner with people and their relatives when things went wrong. The registered manager was aware of their responsibilities in this area although no incidents had occurred which met the criteria for implementing the policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were involved in the running of the service and were able to bring their ideas forward. Regular meetings were held which focused on both the housing and care elements of the service.

For example, people living at Edward place had requested a library. Staff had facilitated this request and also planted flowers by the window to make the view from the window more attractive.

- People were regularly asked for feedback to ensure continuous improvement. "We improve through feedback, compliments and complaints. We always check with homeowners how things they would like to be done. We have committees for catering, library, gardening so they can make decisions and have things how they want them."
- Continuous learning and progression through the service was encouraged throughout the organisation. Staff told us about the opportunities they had to enhance their learning and progress through the organisation. Records showed that staff in a range of different roles were encouraged to visit other developments to share good practice.
- Staff told us they felt supported in their roles. One staff member said, "We've got a good management team. We can go to them and anytime and they will put our mind at rest about any problems. They give us good feedback and it feels like a team."

Working in partnership with others

- Staff worked alongside other professionals in order to support people's health and well-being. The registered manager told us that alongside a physiotherapist they held yoga sessions to improve and maintain people's mobility. The sessions had moved on-line during the COVID period.
- Prior to the national lockdown the service had begun to make links within the local community including a local school visiting to sing for people. The registered manager told us these links would be further developed once visiting restrictions were reduced.