

Yourlife Management Services Limited

YourLife (Kendal)

Inspection report

Wainwright Court
Webb View
Kendal
Cumbria
LA9 4TE

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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 (Kendal) provides personal care to adults living in their own homes in Kendal, Cumbria. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity. 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 four people were receiving personal care.

The service was only supporting people who lived in Wainwright Court, a purpose built retirement complex in a residential area of Kendal. Staff were based and managed from within the retirement complex. People lived in their own apartments in the complex and could purchase personal care from the on-site service if they wished.

The retirement complex also had communal areas including a lounge, restaurant and garden.

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

People were protected from abuse and avoidable harm. There were enough staff to support people. The staff supported people to take their medicines, as they needed. The staff followed robust procedures to protect themselves and people they cared for from the risk of infection. The provider had systems in place to ensure lessons were learnt from any incidents to further improve the safety of the service.

The registered manager assessed people's needs and people received the support they required. The staff were trained and skilled to provide people's care. People made decisions about their care and their rights were protected. 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. There was no one who needed support from staff with eating or drinking or to arrange or attend routine medical appointments.

The staff treated people in a kind and caring way. They treated people as individuals and respected their rights and choices. The staff and registered manager asked people for their views about their care and respected the decisions they made. The staff were very respectful towards people and promoted their privacy, dignity and independence.

People's care was planned and delivered to meet their needs. The service was responsive to people's needs and wishes. The registered provider had an effective procedure for receiving and responding to complaints about the service. The staff worked with local and specialist health care services to care for people and to support them to stay in their homes, where possible, as they reached the end of their lives.

People received high-quality, person-centred care that met their needs. The registered manager and provider assessed the quality and safety of the service. They asked the views of people who used the service and staff to identify how the service could be improved. The staff worked with other appropriate services to

ensure people consistently received care that met their needs.

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

Rating at last inspection: The last rating for this service was good (published 28 September 2017).

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

YourLife (Kendal)

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 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. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 24 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 13 March 2020 and ended on 28 April 2020. We visited the office location on 13 March 2020 and contacted people who use the service, their relatives and care staff by telephone and email to gather their views between 2 and 28 April 2020.

What we did before the inspection

We reviewed the information we held about the service including notifications of significant events the registered manager had sent to us. The provider was not asked to complete a provider information return

prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records including the care records for three people and two staff files in relation to recruitment and training. We also looked at a range of records relating to the management of the service.

After the inspection

We contacted two people who used the service and two relatives to gather their views. We also contacted four care staff to gather their views of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. The staff were trained to identify and report abuse and to provide people's care safely.
- People told us they felt safe with the staff who supported them. One person said, "I feel totally safe." Another person said, "I feel very safe."
- The staff knew how to identify abuse and said they would be confident to report any concerns to the registered manager.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The registered manager had identified and managed risks to people's safety. People's care records included guidance for staff about how to provide their care in a safe way.
- The registered manager and staff protected people from the risk of infection. The registered manager had given people advice about how to protect themselves during the Coronavirus pandemic. The staff followed very robust infection control procedures to protect themselves and people who used the service from the risk of infection.

Staffing and recruitment

- There were enough staff to support people. People received care from a small team of staff who they knew and who knew them well. One person told us, "All the staff are wonderful."
- The provider carried out thorough checks on all new staff to ensure they were suitable to work in people's homes.

Using medicines safely

- The staff supported people, as they needed, to take their medicines. People were supported to take their medicines as their doctors had prescribed.
- The staff were trained in how to support people safely with their medicines. They completed thorough records of the support they had given to people.

Learning lessons when things go wrong

- The registered manager had systems to ensure lessons would be learnt from any incidents to further improve the safety of the service. This included sharing the outcome of incidents with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- The registered manager carried out a thorough assessment of people's needs before agreeing to provide their care. People who used the service and their relatives were included in developing their needs assessment. The registered manager used the needs assessments to develop individual care plans to guide the staff on how to support people.
- The staff were trained and skilled to provide people's care. People told us they were happy with the care they received. One person told us, "They [staff] are very good." Another person said, "I know the staff are trained."
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support. They said this included induction training and training to ensure people's safety. The staff said they felt well supported by the registered manager of the service.

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

- No one required support from the staff to eat or drink. People were able to make and to enjoy their meals and drinks without assistance from the staff.
- There was a restaurant located within the complex which people could choose to visit to enjoy a meal. During our inspection the restaurant closed in line with government guidance. People told us they could still order a meal from the restaurant and the staff delivered this to their apartments, following social distancing guidance to protect them from infection. People told us the meals provided were of high-quality and well cooked. One person said, "I don't think the Queen has better meals."

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

- People told us they arranged and attended routine health care appointments independently or with support from their relatives.
- People's care records included details of the healthcare services which supported them. They also included guidance for staff to monitor aspects of people's health, where people required this support. People told us they were confident the staff would contact their doctors or the emergency services for them if they needed this support.

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.

- People made decisions about their care and their rights were protected. The registered manager understood her responsibilities under the MCA. The staff asked people what support they wanted and respected the decisions people made.
- There was no one being supported by the service who required restrictions on their liberty to receive the care they required. The registered manager knew how to apply to the Court of Protection for authorisation if a person did need to be deprived of their liberty to ensure their safety.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The staff treated people in a kind and caring way. They treated people as individuals and respected their rights and choices. People were very complimentary about the staff who supported them. One person said, "They [staff] are all wonderful." Another person said, "The girls [care staff] always speak and are so kind and friendly, they are like friends."
- The staff and registered manager asked people for their views about their care and respected the decisions they made. One person told us, "The girls [care staff] always ask what I want."
- The registered manager had an office on the ground floor of the complex. We saw people were confident visiting the office to speak to the registered manager. The registered manager asked people for their views when they spoke with her in the office. People had also been asked for their views at meetings to review their care. Relatives told us the registered manager kept them informed of their relatives' health and wellbeing and asked for their views when she spoke to them on the telephone.

Respecting and promoting people's privacy, dignity and independence

- The staff were very respectful towards people and promoted their privacy, dignity and independence. People's care records included guidance for staff about how to support people to maintain their independence. The staff gave people the time and guidance they needed to carry out tasks themselves. One person told us, "I do most things myself and the staff just help with [task] to make sure I am safe and to do the bits I can't do on my own." Another person said, "I do what I can and the staff help me as I need." Everyone told us the staff supported them to do as much as they could themselves.
- People who lived at the retirement complex were provided with one hour of domestic support each week as part of their service contract. Most people did not require support with their personal care. All the staff employed at the service provided domestic support to people. This gave people the opportunity to get to know the staff before they needed support with their personal care. It also helped to maintain people's privacy as the staff attending a property did not identify who was having visits for personal care support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The staff provided people with person-centred care that met their needs and took account of their wishes. The registered manager had asked people what was important to them about how they were supported. People's preferences were included in their care records to guide the staff on how to provide their care.
- People told us the service was very responsive to their wishes. They said, due to the care service being based in the retirement complex, they could ask for the times of their calls to be changed or request additional support and this was usually provided as they wished,
- The registered manager had developed people's care plans with them or with people who knew them well. The care staff said they knew how to support people because this was clearly recorded in their care plans. People's care plans were reviewed regularly, or if their needs changed, to ensure they gave the staff up-to-date information.

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.

- The registered manager assessed people's communication needs as part of their assessment and care planning process. Information about people's communication needs was recorded in their care records to guide staff on how to share information with them.
- The provider had important information available in alternative formats such as large print, if people required this.

Improving care quality in response to complaints or concerns

- The registered provider had an effective procedure for receiving and responding to complaints about the service. People told us they would speak to the registered manager if they needed to raise a concern about the service they or their relative received. People told us they had "no complaints at all" about the service.
- The registered manager encouraged people to raise any concerns about the service they received. She understood concerns and complaints could be useful to identify how the service could be further improved. We saw the registered manager tell one person, "If you don't give us feedback, we can't put it right."
- The staff knew how people could complain about the service. They said they would be confident supporting someone to complain or would pass their concerns to the registered manager if they wished.

End of life care and support

- The staff were trained in supporting people who required end of life care. They worked with local and specialist health care services to care for people and to support them to stay in their homes, where possible, as they reached the end of their lives.
- The registered manager had given people the opportunity to share their wishes regarding how they wanted to be cared for as they reached the end of their lives. Where people did not wish to discuss their wishes the registered manager respected their decision.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had developed a positive culture which placed people at the centre of their care. People were included in decisions about how their care was provided and received high-quality, person-centred care that met their needs.
- The registered manager was supported by duty managers. People knew the members of the management team and said they would be confident speaking to them. One person told us, "[Registered manager] is very good, she is on the ball and would sort anything if I asked."
- The registered manager and staff were clear about their roles and responsibilities. The staff told us they were supported to provide people with high-quality care. They told us they would recommend the service. One staff member told us, "I would happily recommend the care service."

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 provider and registered manager understood their responsibilities under the duty of candour. They were aware of the need to be open and transparent with people if incidents occurred where the duty of candour applied. There had been no incidents where the duty of candour applied. People told us the registered manager was always open with them and said they would be confident speaking to her if they had any concerns.

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

- The registered manager and provider were committed to the continuous improvement of the service. They assessed the quality and safety of the service and asked for people's views to identify how the service could be further improved.
- The provider and registered manager used formal and informal methods to gather people's views. People had been asked to complete a quality survey to share their views of the service they received. People were also asked for their views at meetings to review their care. One person told us, "[Registered manager] is always checking I am happy, and I am."
- The staff told us they had meetings with the registered manager where they could share their views about how the service could be further improved.

Working in partnership with others

- The staff worked with other appropriate services to ensure people consistently received care that met their needs. Some people required staff to monitor aspects of their health and report any concerns to healthcare services which supported them. Records showed the staff had reported concerns about people's health to appropriate services. The staff knew the other services which supported people and worked cooperatively with them.