

# Yourlife Management Services Limited

## YourLife (Gosforth)

### Inspection report

Kenton Lodge  
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Newcastle Upon Tyne  
Tyne And Wear  
NE3 4PE

Tel: 01912849682

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03 March 2020  
05 March 2020

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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 (Gosforth) is a care service which provides personal care to people living in their own apartments in Kenton Lodge. There were 12 people receiving personal care at the time of this inspection.

Not everyone who lived at Kenton Lodge 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.

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

People praised the staff for their care and kindness. Staff were friendly and engaging. People got on well with all of the staff and staff knew how to support each person in the way they preferred. The service was run in the best interests of the people who used it.

Staff made sure people were treated with dignity and respect, and their privacy was protected. People were fully involved in the arrangements about their care and their decisions were respected. Staff had good working relationships with other care agencies for the benefit of the people who used the service.

The service was safe. Risks to people's health and safety were managed without compromising their independence. If people needed assistance with their medicines, this was managed in a safe way.

There were enough staff to make sure people received care and support when they needed it. Staff were trained and supported to carry out their job safely.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People said the service was well-run and praised the management style as friendly, helpful and efficient. They were asked for their views in person and in surveys. They had information about how to raise issues and were confident about discussing anything with the management team.

Staff said the management team were open and approachable. They were happy in their roles and said the registered manager was encouraging and supportive.

The provider and registered manager were committed to continuous improvement of the service.

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

### Rating at last inspection

The last rating for this service was good (published 29 September 2017).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# YourLife (Gosforth)

## 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care 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 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

This inspection was unannounced.

Inspection activity started on 3 March 2020 and ended on 5 March 2020. We visited the office location on 3 March 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the

information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, duty manager and care workers.

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

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

# 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

- The provider continued to have clear systems for reducing the risk of abuse.
- People said they felt safe and reassured by the service. Their comments included, "I feel absolutely safe with staff" and "I most certainly feel safe, they are very helpful and very friendly."
- Staff received training in safeguarding people and knew how to report any concerns.

Assessing risk, safety monitoring and management

- The provider continued to have systems in place to protect people from avoidable harm.
- Risk assessments identified the individual risks to each person. These were well managed and strategies were in place to minimise those risks.
- People described how staff supported them to stay safe when they were assisting them. For example, one person told us, "[Staff] is always there to take my hand and walk me across the bathroom."

Staffing and recruitment

- There were enough staff to support people with their individual visits. There was always one staff in the building overnight in case of emergencies.
- People said staff came at the agreed times. Their comments included, "[Staff] comes at a set time. I don't think she has ever been late. She stays as long as she needs to" and "There is no problem with time-keeping and they stay for the correct time".
- The provider continued to use safe recruitment practices to minimise the risk of unsuitable staff being employed.

Using medicines safely

- The service continued to manage medicines in a safe way where people need support with this.
- Staff were trained to support people with their medicines and their competency was regularly checked.

Preventing and controlling infection

- The provider had systems for preventing the spread of infection.
- Staff used appropriate aprons and gloves when necessary to prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager reviewed all accidents and incidents regularly. Any trends identified were used to improve the quality of the care provided to people.

# 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

- People's needs were assessed by the service and these were regularly reviewed.
- People said they were fully involved in discussions about their care package and agreements about how their care was provided.
- Care was delivered in line with current standards and best practice guidance.

Staff support: induction, training, skills and experience

- Staff had the relevant skills, training and support to carry out their roles. All staff completed regular essential training.
- People described staff as "well trained" and "very able". One person commented, "They are doing specific tasks and they do it efficiently."
- Staff said they felt supported by the management team. They commented, "There's definitely lots of training" and "Enough training to help us do our jobs". They received individual supervision and appraisals to review their work performance.

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

- People were supported with meal preparation if this formed part of their individual care package.
- Where necessary, staff discreetly monitored people's nutritional well-being to make sure they had sufficient to eat and drink.

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

- People were supported to access health services, when necessary.
- The service had very good relationships with other care services involved in people's care, including district nurses and occupational therapists.
- In the provider's stakeholder survey, health care professionals had commented that the staff had a "good understanding" of individual people's needs and "provided a high level of support in response to [person's] changing needs."

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 respected people's rights to make their own decisions. People said staff always asked permission before carrying out any care.
- Staff received training in MCA and DoLS and followed those principles. People were not unnecessarily restricted, and their rights were not compromised.

# 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

- People said they were well-treated at the service. They gave many positive comments about the kind, friendly attitude of all staff. They commented, "They most certainly are kind and caring" and "They are always very thoughtful and helpful."
- People had built good relationships with the staff team. They told us, "They come in like friends" and "They're all very nice, some are very funny and some give me a hug which is just lovely."
- Staff displayed caring values and showed genuine interest in people's well-being. Staff embraced people's diversity and their spiritual and cultural needs were fully respected. Visitors told us, "The staff are lovely to everyone."

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

- People were fully involved in decisions about their care. They told us, "I agreed to the care plan initially and I signed it off" and "My care file is kept in my flat and I often read it."
- Staff were very aware of people's change in needs. If people needed additional support to make decisions, staff used therapeutic techniques to help people understand the choices they could make.
- The service provided people with detailed information about access to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity by staff. One person commented, "I feel blessed with the way they look after me."
- People said their independence was promoted and celebrated. One person's mobility had recently improved. They told us, "We've just reduced my care because my mobility is getting better. I was fully involved in discussing those changes."
- Care records were written in a respectful and sensitive way. One person commented, "We all get on with each other and respect each other."

# 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

- People received support that met their individual needs and preferences.
- People said they had choice and control over how their support was provided. They commented, "If I need to give staff any guidance, they get on with it" and "They wouldn't do anything without asking permission."
- Care records were personalised and detailed. These set out people's preferred way of being supported and what they want staff to do for them. One person commented, "I know all the staff and they know me."

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's individual communication needs were respected and supported. For example, one person used a noticeboard to write down forthcoming events and important information. Another person was assisted with an orientation clock to help them with the date and time.

Improving care quality in response to complaints or concerns

- The provider had a clear procedure for responding to complaints. People had information in their apartments about how to make a complaint.
- Comments and suggestions were encouraged and people said they knew who to discuss any concerns with. They commented, "They always ask if everything is alright" and "I have no complaints about the service or the staff."
- There had been no complaints about the care service.

# 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

- The service had a positive culture which focused on people receiving good quality, personalised care. People told us, "Staff are so willing - they do anything you ask" and "I would recommend the service, I would say that they provide everything that I need."
- People said the service was well run and the management team were open and approachable. They commented, "The management are extremely helpful and efficient", "It's well managed" and "I speak to the managers, they are all very friendly."
- Staff said there was "very good team work" and "brilliant" support from the registered manager. Staff commented, "It's the best place I ever worked" and "I can't imagine working anywhere else now - I love it."

Continuous learning and improving care

- The registered manager was committed to continuous improvement of the service. Since becoming registered manager they had made sure all systems and records were up to date for the smooth running of the service.
- The registered manager described how the staff "all work very well as a team". She had given staff the opportunity to take on special responsibilities for areas of interest. There were now champions in dementia care and fire safety. Staff said they felt "included and encouraged" and the service was "much better managed".
- The registered manager said they felt well supported by the organisation. The provider shared any lesson learnt from the rest of the organisation so that all its services could learn, adapt and improve their practice.

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

- The provider had systems to monitor the quality and safety of service and acted where improvements could be made. The registered manager carried out monthly audits of the service and reported their findings to the provider.
- The management team also carried out spot checks of each staff member make sure they continued to meet good standards of care practice.
- The provider and registered manager understood their responsibilities to be open and transparent if anything went wrong.

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

- The provider sought the views of people who used the service. This included regular surveys and discussions between people and the management team. People commented, "One of the supervisors comes to see me from time to time, to make sure that I am comfortable with what is going on" and "They are always doing audits and questionnaires. There is a regular monitoring of my satisfaction."
- Staff had regular meetings to discuss organisational standards and to give their views and suggestions.
- The service had good working relationships with local health care agencies. They were invited to complete stakeholder surveys to comment on the service. All their responses were very positive about the care provided to people.