

Yourlife Management Services Limited

YourLife (Kendal)

Inspection report

Wainwright Court
Webb View
Kendal
Cumbria
LA9 4TE

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26 July 2017

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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

We carried out this announced inspection between 26 and 28 July 2017.

The service was registered in August 2015. This was our first inspection of the service since it was registered.

YourLife (Kendal) provides personal care to adults living in Kendal, Cumbria. At the time of our inspection the service was only supporting people who lived in Wainwright Court, a purpose built retirement complex in a residential area of Kendal. Staff are based and managed from within the retirement complex. People live in their own apartments in the complex and can purchase personal care from the on-site service if they wish. At the time of the inspection three people received personal care from the service.

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

There was a registered manager employed to run the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager for the personal care service was also responsible for managing the retirement complex. The personal care provided by the service is regulated by the Care Quality Commission, (CQC), the accommodation and other services are not.

There were enough staff to provide the support people required. People who used the service liked the staff who visited their homes. The staff treated people in a kind and caring way.

People were protected from abuse and avoidable harm. Risks to people's safety had been identified and managed.

The staff had received appropriate training to ensure they had the skills to provide people's support. When people had more complex needs, or required equipment to be used to support them, the staff received training to ensure they could provide individuals' support safely.

Care was planned and provided to meet people's needs. People agreed to the care they received and their rights were respected. People were supported to have maximum choice and control of their lives and the staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The model of care focused on supporting people to maintain their independence. At the time of our inspection there was no one who routinely required assistance to access health care services, enjoy their meals or to take their medicines.

The service was responsive to people's needs and wishes. People could request changes to the support they received and the registered manager responded to their requests promptly.

The registered manager used formal and informal methods to gather people's views about the service provided. She carried out checks on the service to ensure people received a good quality of care.

The registered manager was supported by a team of duty managers. People knew the members of the management team and were confident approaching them as they required. There were appropriate arrangements in place to ensure the effective management of the service.

The registered provider had a procedure for receiving and responding to complaints about the service. At the time of our inspection no complaints had been received about the care provided.

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.

People were protected against abuse.

Risks to people's safety had been identified and managed.

There were enough staff to provide the support people required.

Is the service effective?

Good ●

The service was effective.

People received the support they required from staff who were trained and supported to provide their care.

People consented to the care they received and their rights were respected.

The staff took appropriate actions to support people to access medical assistance as they required.

Is the service caring?

Good ●

The service was caring.

The staff treated people in a kind and caring way.

People were supported to maintain their independence.

The service was provided in a way that ensured people's privacy was protected.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and provided to meet people's needs and to take account of their wishes.

The registered provider had a procedure for receiving and

managing complaints about the service provided.

Is the service well-led?

Good ●

The service was well-led.

People knew the registered manager and members of the service management team and were confident approaching them as they needed.

There were appropriate arrangements to ensure the effective management of the service.

The registered manager used formal and informal methods to ask people for their views about their care.

YourLife (Kendal)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 26 and 28 July 2017 and was announced. We gave the registered manager 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by one adult social care 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. The Expert by Experience had experience of caring for older people.

We visited the service office on 26 July 2017 and looked at the care records for the three people who used the service, recruitment and training records for three staff and records relating to how the service was managed. During the visit we spoke with the registered manager of the service and with a relative of a person who had received personal care from the service. We also observed how the registered manager and staff employed by the service interacted with people who lived in the retirement complex.

We spoke with one person who used the service and with four members of the care team by telephone to gather their views.

Before our inspection we contacted local health and social care service commissioners to gather their views of the service.

Is the service safe?

Our findings

Everyone we spoke with told us people were safe receiving support from this service. The person who used the service told us they always felt safe with the staff who visited their home. The relative we spoke with told us they had never been concerned about the service provided or the safety of their family member.

All of the staff we spoke with told us they had received training in how to keep people safe. They showed that they understood how to identify and to report any concerns about a person's safety or wellbeing. The registered manager of the service was very experienced and was aware of the issues that would need to be reported to the local safeguarding team.

The records we looked at showed that hazards to people's safety had been identified and managed. Risk assessments had been completed to guide staff on the actions to take to ensure people were not placed at risk while receiving support. All of the staff we spoke with showed they knew how to provide care in a safe way.

There were enough staff to provide the support people required. The staff we spoke with said they had the time they needed to provide people's support. Some staff were responsible for checking the safety and security of the premises. They told us they had the time they required to carry out this task to ensure people were safe.

At the time of our inspection there was no one using the service who needed assistance with taking their medicines. The staff had received training in how to handle medicines safely. This meant they would be able to support people if they required help in managing their medication.

The staff told us there were good arrangements in place to ensure they were trained in how to use any equipment safely. At the time of our inspection no one who used the service required the use of equipment to provide their support. The staff told us that they always completed training before using any new equipment for the first time.

The registered provider carried out robust checks before new staff were employed to ensure they were suitable to work in people's homes. All new staff had to provide evidence of their good character and were checked against records held by the Disclosure and Barring Service, to check they were not barred from working in a care service.

The person who used the service told us, "I would say they [the registered provider] have done the recruitment very carefully" and said the registered provider had "ensured they have the right people [employed], who know what they are doing".

Is the service effective?

Our findings

People we spoke with told us the staff employed by the service provided a good standard of care. The person who used the service told us the staff who provided their support were "very good". They said they could not think of anything they would wish to change about how their support was provided.

All of the staff we spoke with said they had received a range of training before working in people's homes. They told us this included working with an experienced staff member and checks being carried out on their competence and ability to support people. The staff told us they received the training and support they required to carry out their roles. They said they could always contact a member of the management team if they required assistance or advice.

Members of the service management team were responsible for ensuring staff were trained and competent to provide people's care. One of the management team told us, "I make sure staff are competent to do the job and are fully trained. They [staff] are not allowed to do personal care until they have been fully trained."

We looked at the staff training records. We saw that all the staff had completed appropriate training to ensure they had the skills to provide people's care. The registered manager had systems to identify when training needed to be repeated to ensure staff maintained up to date skills and knowledge. People could be confident the staff employed were suitably trained to meet their personal care needs.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes applications to deprive them of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

At the time of our inspection there was no one receiving support who required assistance to make decisions about their care. People were able to make and express their decisions about their support. There was no one receiving support from the service who required any restrictions on their liberty in order to maintain their safety.

All of the staff we spoke with showed that they understood the need to ensure people consented to the support they received. They told us that an individual could refuse any aspect of their planned care if they wished. The staff told us they would encourage people to accept essential care and, if they were concerned a person's refusal to accept care may impact on their wellbeing, would report this to the registered manager. The staff understood how to respect people's rights and the actions to take to ensure their welfare and wellbeing.

There was no one receiving support who required assistance to eat or drink enough to maintain good health. People were able to make and enjoy their meals and drinks independently without assistance from the care staff. There was a restaurant located within the complex and people could choose to visit the restaurant to have a meal or to make their own meals in their apartments. The registered manager told us that staff could support people by making them a meal or assisting them to eat or to drink, if they required this.

People arranged and attended routine health care appointments independently. During our inspection one person required urgent assistance and was not able to arrange this. We saw that the staff took appropriate action in response to the situation and requested assistance for the individual. People could be confident that the staff would request medical assistance in an emergency, if this was needed.

Is the service caring?

Our findings

Everyone we spoke with told us the staff employed by the service were caring and kind. A family member of a person who had received support from the service told us the staff had always acted with kindness to their relative. A person who was receiving support from the service told us the staff were "kind and gentle".

We asked if the staff provided a high quality of care. One person we spoke with said, "For what we pay you'd expect to get the best service and yes, I think I do."

All of the staff we spoke with told us they had the time they needed to provide a high quality of care. One staff member told us the retirement complex was a nice place to live and to work. They said, "This is a lovely place ... you can feel it as soon as you come in. Everyone seems to get on."

People who lived in the retirement complex were provided with one hour of domestic support each week, included in their service charge payments. Most people who lived in the complex did not require support with their personal care. All of the support workers employed by the service provided domestic assistance to people. As the support staff visited each property to provide the domestic support, their attendance at a property did not identify to other people if a person was receiving assistance with their personal care. This helped to maintain people's privacy. It also meant that people living in the complex knew the support staff, which could make it a more comfortable experience if they did require personal care at some future time.

The registered manager had received a number of compliments from relatives of people who had received personal care from the service. These referred positively to the care that had been provided. One compliment thanked the care team for "all the care and attention you gave to [relative]". Another thanked the care team for "ensuring [relative] was comfortable, safe and well looked after". These showed us that the service had been providing a high standard of care that was valued by the relatives of people who had been supported.

We saw that people who lived in the retirement complex knew the support staff and managers of the service. The staff were friendly and respectful in their interactions and we heard people enjoyed laughing and joking with them.

One person had required personal care for a short period to support them as they regained their health. Their relative told us that the care provided had helped the person to regain their independence such that they no longer required support.

There was no one receiving care from the service who required assistance from an independent person to express their wishes about their support. The registered manager was knowledgeable about local advocacy services that could be contacted if a person required. Advocates are people who are independent of the service who can support people to make and share important decisions about their lives or care.

Is the service responsive?

Our findings

People told us the service provided was responsive to their needs and wishes. The personal care service was based within the retirement complex and people who required personal care told us they could increase or reduce the amount of care they received as they wished or needed.

We spoke with a relative of someone who had received personal care from the service. They told us that their relative had required support for a short time and this had been arranged by the registered manager. The relative told us the registered manager had asked what support their relative wanted and this had been arranged very promptly. They told us that, over time, the support their relative needed had reduced and their support was reviewed to ensure it was responsive to their needs and wishes.

The person who received care from the service told us the staff usually attended to provide their care as arranged. They said that, if a staff member was going to be late, the service always informed them. They told us, "They [staff] come on time and, on the rare occasion when they have been late, they had telephoned me first to let me know. They have always turned up. They are very reliable." They also told us, "I'm pretty sure I could vary the times, but I've never had to do it."

The staff we spoke with confirmed that the service could be changed as people required. One staff member told us, "We can always adjust the care package to meet varying needs."

People were asked what care they required and this was detailed in a care plan to guide staff on how to provide their support. We saw the care plans were very detailed and guided staff on what was important to individuals in how their support was provided.

The person who received personal care told us the staff who visited their home knew the support they required and provided this to a high standard.

The staff we spoke with told us that people's care plans gave them the information they required to be able to provide people's care. They told us that, if the support a person required changed, they reported this to a member of the management team and the care plan was reviewed to ensure it gave staff accurate and up to date information.

The registered provider had a procedure for receiving and responding to complaints about the service provided. We discussed with the registered manager how the information in the complaints procedure could be improved to ensure it was clear to people how they could raise a concern about the personal care provided.

At the time of our inspection the registered manager had not received any complaints about the personal care service. The people we spoke with said they had not needed to make a complaint about the care provided by the service. One person told us that, if they had any concerns, they would speak to the registered manager and were confident she would resolve the issue.

Is the service well-led?

Our findings

There was a registered manager employed to oversee the day-to-day management of the personal care service. The registered manager was also responsible for managing the retirement complex. The registered manager was supported by a team of duty managers.

Throughout our inspection we saw that people knew the members of the management team and were confident approaching them for support or advice, as they required. The management team were based in an office on the ground floor of the retirement complex. People visited the offices throughout the day of our inspection to speak with the registered manager. We saw people enjoyed laughing and joking with the registered manager. This meant that, if a person wished to receive personal care from the service, they had an established relationship with the management team and knew who to contact to arrange their care.

The relative we spoke with told us, "What goes on in here [office] is very good. [The registered manager] is 'on the ball' and knows what she is doing." The person who received personal care we spoke with said, "The managers are very good and very experienced."

The registered manager had formal and informal systems to gather the views of people about the service they received. People had been asked to complete a questionnaire to share their views with the registered manager. We saw questionnaires that had been completed and these showed that people were happy with the care provided.

The registered manager was also available for people to approach to share their views in an informal way. The person who received care told us, "I have regular chats with [the registered manager] and she checks that everything is okay."

All of the staff we spoke with told us they felt well supported by the registered manager. They told us they could always contact a member of the management team if they required support or advice to provide an individual's support. One staff member told us, "I'm really, really happy the way everything is run." Another staff member said, "I would say I am getting good support. [The registered manager] is always there to listen and help."

The registered manager carried out regular checks on the service to ensure people received a good quality of care. These included checks on records relating to people's care and on the safety of shared areas of the retirement complex.

Providers of health and social care services are required to notify us of important events that happen such as a serious injury to a person using the service. This is so we can monitor the service and check appropriate action is taken in response to significant incidents. The registered manager was very experienced and aware of the notifications that needed to be made.