

# Yourlife Management Services Limited

## YourLife (Knebworth)

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Your Life (Knebworth) is a domiciliary care service providing personal care and support to four people at the time of the inspection. The service was provided to people living in their own flats which were part of a shared building. People were able to access communal areas and had a manager on site at all time. However, we do not regulate the premises.

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.

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

People felt they were safe and most felt well supported by the service. Individual risks were assessed, and staff were aware of these. Reviews of events and accidents were carried out and any actions needed were carried out. People were supported with their medicines and this was monitored by a member of the management team. Staff knew how to report any concerns about a person's safety or welfare.

People told us staff did not miss visits and staff arrived at the planned time. The provider had a system for monitoring visits. Staff received appropriate training for their role and people felt they had good knowledge and skills. Staff felt supported by the provider and management team. People told us staff assisted them with eating and drinking as needed. People were asked for give their consent for support. 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.

People and relatives told us staff were kind and caring. They felt they were supported in a way that promoted privacy, dignity and was respectful. Staff enjoyed working for the service and told us the culture was to ensure care was person centred. Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

People and relatives were asked for their views about the service and felt listened to. Staff were also asked for their views and felt the management team were approachable. There were monitoring processes in place to help ensure a good standard of service and identify any shortfalls.

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

This service was registered with us on 21/10/2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the registration date.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 (Knebworth)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the manager had begun the process to become registered.

#### Notice of inspection

This inspection was announced. 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 manager would be in the available to support the inspection.

Inspection activity started on 5 April 2022 and ended on 27 April 2022.

### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.' [Adapt as required dependent on methods used].

Confirm the dates of the inspection activity (refer to inspection using remote technology guidance). We spoke with two people who used the service and one relative about their experience of the care provided.

We spoke with the manager, the area manager and three staff members. We reviewed a range of records.

This included two people's care records. We looked at records relating to two staff files to check recruitment.

A variety of records relating to the management of the service were reviewed.

# 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 receiving support from the service. One person told us, "I feel absolutely safe with them."
- There had been no safeguarding incidents. The management team were aware that should these arise they needed to ensure they were reported to CQC and to the local authority safeguarding team.
- Staff had received training on what signs of abuse to look out for and knew how to report any concerns they had, within the service or externally. Staff felt they could raise any concerns with the management team, and they would be acted upon.
- The provider had monitoring systems in place to help ensure people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- People and relatives told us they felt staff worked safely and were aware of their individual risks.
- People's individual risks were assessed and reviewed. Reviews and updates were completed when needed. There was management oversight of events and incidents and appropriate action was taken when needed.
- Staff told us that the management team regularly checked they were working safely. This was via a 'spot check' usually carried out by a member of the management team. This included the manager, area manager and duty managers.

Using medicines safely

- Staff were trained to support people with their medicines safely. The management team ensured staff had their competency checked.
- Staff supported some people with administering their medicines and just prompted others to take theirs as needed. People told us staff managed their medicines well.
- The management team carried out spot checks and audits to help ensure medicines were managed safely. One staff member said, "[Manager] is up on the audits of medicines. They are checked daily and weekly."

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control. The provider ensured they followed current national infection prevention and control guidance. People told us that staff used personal protective equipment (PPE).
- Staff told us they had access to a good supply of PPE. They were clear on what was needed to promote good

infection prevention and control. The management team carried out spot checks to ensure staff were using PPE correctly.

#### Staffing and recruitment

- People and their relatives told us there were enough staff available to meet their needs. They told us there had not been any missed care calls and they arrived when planned.
- Records showed that care was delivered when planned.
- The service was actively recruiting and staff were in place before supporting more people.
- The service had a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people. One staff member said, "It's really robust, the process took ages."

#### Learning lessons when things go wrong

- The provider had systems to help ensure learning from events, incidents or accidents. This was done through meetings, supervision, group chat or a communication book. There was also a notice board with relevant information.
- Staff felt they were kept informed and if they were not sure, they were comfortable to ask.



# 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.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were trained and knowledgeable for their role.
- Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid.
- Staff received regular supervision and competency checks to help ensure that they had a clear understanding of their role and worked in the required way. Staff told us they felt very supported. One staff member said, "The support for staff is second to none."
- New staff had an induction which included training and shadowing an experienced staff member. One staff member said, "The whole team are great, [manager] and the organisation." Another staff member told us that a recently recruited staff member had been an asset to the service, bringing commitment and support for the service to their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences. There was a welcome meeting for a person when they purchased a property at the location to see what support may be needed and to start a plan if this required.
- People and their relatives told us they felt the service was well prepared to meet their needs.

Supporting people to eat and drink enough to maintain a balanced diet, Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives said staff supported them when needed with eating and drinking. However, one relative told us that meals could be hotter when they reached people's flats and their relative would prefer it if staff also cleared their plate. They also said that, at times, staff ask what meal their relative wanted but this wasn't passed on to the staff member bringing the meal, so they had to ask again. They stated these were minor points but an area to develop further.
- People's dietary needs and preferences were documented in their care plans and staff knew how to support people safely and appropriately.
- The staff and management team supported people to access additional services, such as an occupational therapist, when their needs changed. They also worked with hospital teams and social workers to ensure people could be discharged from hospital promptly.

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 and relatives told us that staff always asked for consent when supporting them. There was a record of consent within people's care plan in relation to receiving care.
- People had mental capacity assessments completed when needed. Where relatives had power of attorney, a copy of this was sought by the provider to ensure they had the appropriate authority to make decisions.
- Staff received training in the Mental Capacity Act and knew how to put this into practice. When talking about a situation where a person lacked capacity, one staff member said, "You must still give people the opportunity to make a decision and weigh up if it's safe or in their best interests. It's their right to make a decision."

# 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 their relatives told us that staff always treated them well and they felt respected. One person said, "I don't feel like an object, I feel they know who you are."
- Staff told us they were encouraged to get to know people and what was important to them. One staff member said, "There is enough time to get to know people and if they need longer, you give them longer and you just let the manager know."
- Training attended by staff included equality and diversity and the service supported people with different backgrounds. This did not impact on the quality of care they received, all people were treated well and welcomed into the service.

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

- People and their relatives told us they were involved in decisions about their care. One person said, "Yes, I am involved in planning my care and I have my care plan here if I want to read it."
- People's care plans included a record of people's involvement, preferences and choices. They were very detailed and gave a clear overview of the person and what was important to them.
- Staff told us they checked people's care plans to get to know them and become aware of their choices and lifestyles.

Respecting and promoting people's privacy, dignity and independence

- People said that staff promoted people's privacy, dignity and independence. One person said, "They are all very nice, they listen to you."
- Feedback from staff about people they supported was respectful and they spoke about how their role promoted people's dignity.

# 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, Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were happy with the care and support they received. One person said, "The caring is done very well." Relatives were also happy with the standard of care provided. One relative said, "The support is very, very good."
- Staff told us that they felt care was person centred and catered to each individual. They said they would be happy to have a relative of theirs using the service.
- Care plans we reviewed were detailed and gave clear information to staff so they could support people safely and appropriately. The plans were person centred and gave staff a real sense of the person they were supporting.
- The manager joined the service after the period of national lockdown and was aware of the impact this had had on people. They worked with the staff team to encourage attendance to coffee mornings and meals, quizzes and even knocking on doors checking on people. They said they can see the community feel was now more present. A newsletter helped keep people informed about what was happening in the shared facilities.

### 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.

- When the care plan was developed at the start of supporting a person, they discussed any specific need or preference in which they communicate. The service can give all relevant documentation in large print, braille, easy-read format or the person's preferred language as needed. The manager told us that they also read items such as newsletters to people who had impaired vision.
- The team provided practical support to help understanding and aid transition into their flat for new homeowners. This included adding easy read pictorial guides for using their oven or locking their door.

### Improving care quality in response to complaints or concerns

- People and their relatives told us they would be confident to make a complaint if an issue arose, but they told us they had not needed to. One person said, "Any niggles, it would be resolved." One relative said, "[Manager] is very good at dealing with things."
- The provider had a system in place to record and monitor complaints. This was to help them identify any reoccurring issues so they could be resolved. However, there had been no complaints received.

#### End of life care and support

- At the time of the inspection staff had not yet supported anyone at the end of their life. However, should this be needed, staff would be engaging with visiting healthcare professionals to ensure their needs were met. Staff were trained so they knew how to support people at the end of their life.
- Advanced care planning had been completed so that people could be supported in their chosen way when they neared the end of their lives.

# 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were positive about how the service engaged with them and told us their views were listened to. There were meetings with people, and their relatives where appropriate, to keep in regular contact with them.
- People's feedback was sought through surveys and quality assurance calls or visits by the management team. The feedback was collated so any actions could be developed. The service had a nominated person who lived in the building and received care, who acted as a spokesperson for people. They developed an agenda for meetings and would provide feedback and the outcomes to other people.
- Staff feedback was sought through meetings and observed practice sessions with a member of the management team. Staff were positive about the service and the management team. One staff member said, "I feel like it is an innovative company. Staff are involved in decisions and given new opportunities."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives said the manager was approachable, friendly and accommodating. One relative said, "[Manager] has got a very good way of leading."
- Feedback about the culture and approach of the service was positive. One person said, "Everything is done very well. I can't fault it."
- Staff told us the service had a person-centred approach and they enjoyed working for Your Life (Knebworth). A staff member told us, "It is so well run, so organised. It's been like heaven working here."

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

- The management team understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues and the management team welcomed their honesty.
- The management team shared information with people and relatives relating to the running of the service and any challenges to help keep them informed and to be open and honest. There was also a newsletter which includes updates to the service and meeting dates.
- The manager was relatively new in post but felt they were in a good place and had worked closely with staff to be aware of the service provided. They said, "The team here is very good. I do check on staff and their

practice, my goal was to get a good understanding of each care package so I knew what should be happening. I have not had any concerns about the standard of care. A good amount of knowledge and experience amongst staff here."

- The manager provided guidance and support for staff. Staff told us that they found the management team approachable and knowledgeable. One staff member said, "[Manager] is exceptional and very competent."
- There were audits across all key areas of the service. For example, accidents and incidents, visit logs, staff competency, care plans and medicines. This information was added onto an action plan to give an overview of performance and identify any areas that needed addressing.

#### Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further improve the service. This included capturing meeting notes and distributing these to people and staff.

#### Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. For example, social workers and hospital discharge teams. They also included people and their relatives in the process to ensure they got it right.
- The provider worked with the training organisation Skills for Care and a registered managers association to help ensure knowledge was up to date, and provide training with staff.
- The senior management team met with all managers as a group fortnightly to provide support and learning from peers.