

Yourlife Management Services Limited

YourLife (Kenilworth)

Inspection report

Wilton Court
Southbank Road
Kenilworth
Warwickshire
CV8 1RX

Tel: 01926857258

Date of inspection visit:
16 April 2019

Date of publication:
03 May 2019

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 (Kenilworth) is registered as a domiciliary care agency which provides personal care to people in their own homes. YourLife (Kenilworth) provides care and support to people who live at Wilton Court assisted living apartments. At the time of our inspection eight people who lived at Wilton Court were being supported with personal care.

People's experience of using this service:

- People were closely involved in the development of their individual support plans and met with senior staff on a regular basis to discuss and agree any changes.
- People received support from a consistent staff team who knew them well and arrived at the times agreed within their package of care. Staff used their knowledge of people to provide them with flexible, responsive support.
- Staff understood their responsibilities to safeguard people from avoidable harm. The registered manager assessed any potential risks to people and staff and put preventive measures in place to address them.
- Staff received regular training and followed good practice in respect of managing people's medicines and infection control.
- Staff were aware of people's rights under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People described a kind and caring staff team who were respectful of their privacy and dignity and promoted their independence. Staff spoke about people with sensitivity and had a non-discriminatory approach to people's diversity and lifestyle choices.
- Staff were aware of people's health and wellbeing and, where necessary, supported them to eat and drink well.
- There were processes in place to share information so staff had the most up to date details to respond to any changes in people's needs.
- The registered manager arranged regular social events to enhance people's lives and prevent them from becoming socially isolated or lonely.
- The registered manager promoted a culture that was person-centred and inclusive. The people and staff we spoke with us told us how highly they thought of the registered manager who they described as approachable, visible, respectful and caring.
- Staff were motivated to provide the best care because they were part of a supportive team and felt valued within their role.
- The provider had systems in place to gather people's feedback about the service and monitor the quality of the care provided.

Rating at last inspection:

Good (report published December 2016)

Why we inspected:

This was a planned inspection to confirm that the service remained good.

Follow up:

We plan to continue to inspect the service in line with our inspection programme for services rated good. Until then we will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-led findings below.

Good ●

YourLife (Kenilworth)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

YourLife (Kenilworth) is registered as a domiciliary care service. It provides personal care to older people living in their own apartments within Wilton Court in Kenilworth.

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 site visit so the registered manager would be available. We also wanted to visit people in their own homes and we needed support from the registered manager to arrange this. The inspection was completed on 16 April 2019.

What we did:

Prior to the inspection we looked at the Provider Information Return (PIR). This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications. Notifications tell us about important events that have occurred at the service, which the provider is required to send to us by law such as safeguarding concerns, deaths and serious injuries.

During the inspection we spoke with three people and one relative to ask their opinions about the care they received. We spoke with the registered manager, the area manager, a duty manager and two support

workers.

We reviewed three people's support plans, including medicines records, two staff recruitment records, records of accidents, incidents and the provider's quality assurance checks.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff and told us Wilton Court was a safe place to live.
- Staff were trained in protecting people from abuse and knew their responsibilities to report any concerns to safeguard people from harm.
- Staff were aware of signs that might indicate a person was worried or concerned. One told us, "If their personality changed, their behaviours changed or their body language was different, these would all be red flags to me and I would always voice my concerns to [registered manager]."
- The registered manager understood their safeguarding responsibilities, but had not had to report any concerns to the relevant authorities since our last inspection.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were identified, assessed and managed. Each person's support plan included relevant risk assessments and actions for staff to take to keep people safe and reduce the risks of harm.
- Staff knew about risks to people's health and wellbeing. They understood where people required support to reduce the risk of avoidable harm and the actions they needed to follow to keep people safe. One person told us, "They are very gentle with me and my tender spots and they will note if anything is going wrong, like my skin."
- Staff understood risk management was an integral part of their everyday interactions with people. One staff member told us, "There are ongoing risk assessments every day, you are observing as you are working."
- People's home environment was assessed to identify safety risks to both people using the service and the staff supporting them.
- Each person had a personal alarm to call for assistance in the event of an emergency outside their call times. Daily records showed staff ensured people had their personal alarms on them. One person told us they had used their alarm several times and staff had responded quickly.

Staffing and recruitment

- There were sufficient numbers of staff to ensure people's needs were met. People received care and support from a consistent staff team who were familiar with their needs. Staff absence for sickness or leave were covered within the staff team.
- People told us staff arrived when they expected them to and completed all their care tasks without rushing. Daily notes confirmed care calls were scheduled in accordance with people's agreed packages of care.
- A 'sleep-in' duty manager was available to respond to any emergencies at night.
- Staff had been recruited safely. All required pre-employment checks had been carried out including

Disclosure and Barring Service [DBS] checks and obtaining references from previous employers.

Using medicines safely

- Staff had been trained in the safe management of medicines and their competency was checked by senior staff every six months.
- At the time of our inspection visit, nobody was receiving support with their oral medicines. However, staff supported people to apply prescribed creams and Medicines Administration Records confirmed these had been applied as prescribed.
- One person was on an oral medicine that could cause significant side effects in the event of a fall or cut to their skin. There was a detailed support plan about what action staff should take to maintain the person's safety in such an event. The registered manager agreed it would be beneficial to list all people's medicines so staff could be aware of any potential side effects that could impact on people's health or abilities.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. People confirmed staff used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and actions had been taken where necessary to reduce risks of the event happening again. For example, one person had been referred to an occupational therapist following a fall.
- Accidents and incidents were analysed by both the registered manager and provider to identify any patterns and to ensure appropriate action had been taken.
- Learning from any adverse incidents, errors or mistakes were discussed in individual supervision meetings with staff and as reflective practice in staff meetings.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

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

- People's needs were assessed so the registered manager could be assured they could meet the needs of people who were new to the service.
- Assessments and support plans were reviewed regularly and amended to reflect people's change in needs.
- Staff followed people's support plans to ensure they provided care in line with people's preferences and wishes. One relative told us, "I think staff are very mindful of what is expected of them and follow the care plan."

Staff support: induction, training, skills and experience

- People received effective care from competent, knowledgeable and skilled staff who had the relevant training to meet their needs. Staff completed regular training to keep them up to date with best practice. One staff member told us, "I have found all the training really informative. You develop your training in the working day and it enhances your performance."
- The registered manager completed regular 'spot checks' of staff practice to ensure they effectively implemented their training when delivering care and support.
- Staff felt well supported and had regular supervision with the registered manager to discuss their training and developmental needs and any issues or concerns they had.
- New staff completed an induction and worked alongside experienced staff until they felt confident to work alone and unsupervised. One staff member told us, "[Registered manager] did not give a time limit for the shadowing I did." The PIR told us staff new to care completed the Care Certificate as part of their induction.

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 with appropriate legal authority. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within these principles.
- At the time of our inspection, every person receiving support had the capacity to make their own decisions about their support needs. People had signed their care records to show they consented to their packages of care.
- People were asked if they had given authorisation to any other person to make decisions about their care

in the future, for example by making a Lasting Power of Attorney (LPA). Where they had, the registered manager had recorded and verified this information so staff had clear information about which decisions each attorney was authorised to make.

- Staff had completed training in MCA and knew they could only provide care and support to people who had given their consent. Daily records confirmed staff sought people's consent before care interventions and this was confirmed by the people we spoke with.
- The registered manager understood their responsibilities under the MCA if it was felt people's capacity to make decisions impacted on the support they required to keep them safe.

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

- Wilton Court had a restaurant where a three-course meal was provided at lunch time and where people could choose to eat their meals. Most people took advantage of the restaurant to meet their nutritional and social needs.
- Staff supported some people with breakfast and snacks in their own home and encouraged them to eat and drink well.

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

- People we spoke with managed their own health care appointments, or had relatives who made appointments for them. People told us staff helped them to arrange health appointments if they asked them to.
- Staff sought advice from community health professionals, such as district nurses and GPs and support plans were updated to take into account any guidance provided.

Adapting service, design, decoration to meet people's needs

- Where people were identified as being at risk in their home, the registered manager arranged assessments by occupational therapists to ensure people had the necessary equipment to maintain their safety. One person told us, "[Registered manager] got the appliance people to do an assessment in the flat. I've now got facilities to make life easier and help my independence."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff cared for them in a kind and caring way. Comments included: "The staff are kind and chatty" and, "They are all very kind and respectful." A relative described the staff as 'fantastic' and went on to say, "It has been absolutely amazing. All the staff are really nice and obviously care about [name]."
- Staff had taken time to get to know people, their backgrounds, interests and personalities. For example, a staff member knew because of a person's healthcare background, they liked things done in a particular way. They went on to say, "It builds up a picture of the person and it lends itself to understanding them."
- One person told us they had built a good relationship with the member of staff who provided most of their care. They explained, "We have a lot in common, we are great pals. You feel you have a friend there."
- The provider recognised people's diversity. They had policies in place that highlighted the importance of treating both people and staff equally, regardless of personal beliefs or backgrounds. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.
- Staff spoke about people with sensitivity and respected their wishes. They had a non-discriminatory approach to people's diversity and lifestyle choices.

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

- Reviews of people's care were carried out through consultation with them and their relatives and people's comments were recorded.
- Staff told us they offered people choices so they were fully involved in making every day decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware they worked in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. This approach was reflected in people's support plans.
- People told us they felt comfortable with staff who treated them with respect. One person commented, "[Staff member] is very concerned about the dignity of helping me in the shower. We have got it all nicely organised."
- Staff promoted people's independence. People's support plans identified any areas of independence and encouraged staff to promote this. They were clear what aspects of personal care people could do for themselves.
- Support plans contained information about people's significant relationships and who people wanted to be contacted if they were unwell or in the event of an emergency. One relative told us, "They were good at notifying me of what has been cause of concern."

- People's confidentiality was respected by staff.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans were outcome focussed and personalised to the individual. They recorded details about each person's specific needs and how they liked to be supported.
- Support plans were reviewed regularly and updated to reflect any changes in needs.
- Records demonstrated the care and support provided was responsive to any unplanned changes in people's needs. For example, due to illness one person had recently suffered a sudden decline in their abilities. The registered manager added an extra member of staff to the care call as the person temporarily required equipment to transfer safely. One relative had recently fed back, "The team got a very detailed care package in place very quickly and to cope with [name's] rapidly changing needs."
- Daily notes were completed which gave an overview of the care people had received and captured any changes to their health or wellbeing. This information was also shared in a written handover between shifts to ensure staff had the most up to date information to respond to people's needs.
- The registered manager worked hard to ensure people's social and emotional needs were met to enhance their lives and prevent them from becoming socially isolated or lonely. People were supported to access a wide range of interesting and stimulating activities and social events in the communal lounge. These included regular visits from a local nursery school to share special celebrations and days in the calendar and live entertainment such as musical performances. One person told us they could choose whether to attend or not but enjoyed the social interactions and making new friendships.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included information about how staff should support people's sensory needs. For example, whether they used a hearing aid or required spectacles.

Improving care quality in response to complaints or concerns

- Information on how to raise a concern or make a formal complaint was included in the service user guide people received when they first started using the service.
- People told us they would share any concerns with staff or the registered manager, confident they would be handled properly. However, people also told us they had no reason to complain. One relative said, "We have really got no complaints at all."
- The registered manager told us formal complaints were very rare as they dealt with any issues immediately. No formal complaints had been received in the 12 months prior to our inspection visit.

End of life care and support

- The registered manager told us when people became very poorly, staff worked with the family and other healthcare professionals to ensure people were kept comfortable and pain free.

- People's end of life wishes and preferences were discussed with people. Where people had chosen to express their wishes, these were documented in assessments and care plans.
- One relative had recently described, "The fantastic responsive care that Wilton Court provided over the last few months of Mum's life."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager promoted a culture that was person-centred and inclusive.
- Without exception, the people and staff we spoke with us told us how highly they thought of the registered manager. One relative said, "[Registered manager] is the best. He tries to make it pleasant for everybody. He cares about everybody and he is always so respectful. He really gives of himself a lot."
- Staff particularly described the registered manager as being supportive, approachable and constantly visible in the service. One staff member said, "He is absolutely lovely. He is very supportive and always receptive to you going into the office. He works with his team and he will work alongside you."
- Staff were motivated to provide the best care because they felt valued within their role. One member of staff said, "When [registered manager] took over he really raised the standards here and I feel proud to be part of the team."
- Staff worked together in a friendly and supportive way. One staff member told us they particularly valued the high standards of practice demonstrated by another member of the staff team. They explained, "She will just do the extra touches, the little things that make such a difference to people. She is always thinking ahead to make things comfortable and it raises your performance as well."
- The provider had systems in place to monitor the quality of the care provided. Every two months the area manager completed a compliance check and produced an action plan to address any areas of improvement identified. Actions were signed off once completed.
- The registered manager and provider were aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. The last rating inspection was displayed within the service.
- The positive work of the registered manager had recently been recognised at an external awards ceremony.

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

- There were regular staff meetings and we saw that a wide range of issues were discussed. The meetings were also used as an opportunity to reflect on when things had gone wrong and any improvements in the service. Staff told us they felt able to contribute to the meetings knowing they would be listened to.
- Staff were also asked for their opinions about the service in a staff questionnaire. The feedback within the questionnaires was very positive, particularly regarding the leadership within the home.
- People were asked for their feedback about the service at regular reviews of their support plans, group meetings and through satisfaction surveys. Responses demonstrated people were happy with the standards

of care provided.

- The registered manager took learning from events to improve outcomes for people. For example, social events were evaluated to ensure people took the maximum benefit from them to improve their wellbeing.

Working in partnership with others

- The registered manager had a forward-looking approach to building relationships within the local community. They had established a link with a local nursery school who regularly visited the home for events. They had invited other healthcare professionals to give a talk on nutrition and wellbeing and the local fire service was due to give a talk to people on keeping safe in their home.