

# Yourlife Management Services Limited

## Your Life (Northallerton)

### Inspection report

Malpas Court  
Malpas Road  
Nothallerton  
North Yorkshire  
DL7 8TG

Date of inspection visit:  
18 August 2021

Date of publication:  
06 September 2021

Tel: 01609779393

Website: [www.yourlife.co.uk](http://www.yourlife.co.uk)

### 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 (Northallerton) is an extra care service providing personal care to seven people aged 70 and over at the time of the inspection. People using the service lived in apartments within the Malpas Court complex. 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

We received positive feedback from people, who told us they were happy with the service they received from Your Life (Northallerton). People received individualised personal care and staff knew people very well. Care plans covered all aspects of people's lives, histories and their preferences. People were supported to maintain important personal relationships.

People's health and well-being needs were supported by a fully trained and supported staff team. People were empowered to have their say and to exercise their rights. Access to an advocacy service was available where needed. Systems were in place for communicating with people, their relatives and staff to ensure they were fully involved.

Medicines were safely administered and recorded accurately. Individualised risk assessments were in place. Staff were confident about how to raise any concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

Staff completed training in infection prevention and control. The registered manager completed competency checks and regular spot checks with all staff regarding safe use of personal protective equipment (PPE) and infection prevention and control procedures.

Rating at last inspection

The last rating for this service was Good (published 6 March 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe  
Details are in the safe findings below.

Good ●

### Is the service effective?

The service was effective  
Details are in the effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in the caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in the responsive findings below.

Good ●

### Is the service well-led?

The service was well led  
Details are in the well led findings below.

Good ●

# Your Life (Northallerton)

## 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.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The service had a Registered Manager. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did before the inspection

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

#### During the inspection

We spent time with people who used the service. We spoke with four people who used the service, two relatives, the registered manager, and two support staff.

We reviewed a range of records. These included three people's care records, a variety of records relating to

the management of the service, including audits and procedures were reviewed.

# 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.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "The care staff keep me safe. They have to be very careful how I walk. They make sure I have something to hold on to as I can't walk without it."
- Personalised risk assessments were in place and regularly reviewed. Where risks were identified, care plans guided staff to manage and reduce these risks.
- Fire safety practices helped ensure people's safety and included regular checks of equipment used by staff.

Using medicines safely

- People received their medicines as prescribed and at the right time. Medicine records were clear for staff to follow and were accurately completed. One person told us, "Generally yes the carers are on time with my medicines and care unless they have an emergency."
- Staff were med trained in administering medicines and had their competency checked regularly.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to appropriately raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff were employed.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The registered manager analysed these to look for any patterns or trends and took appropriate action to minimise risk of further incidents.

# 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.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people. Staff completed training to ensure they could meet people's specific needs.
- People were supported by staff who received regular supervisions and appraisals.
- Staff were inducted to the service by a robust induction process.

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

- People's eating and drinking needs were met. Staff understood people's dietary needs and supported them to have a varied and nutritionally balanced diet.
- Appropriate support was provided to people who required a specialised diet.

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

- The service worked in partnership with external professionals, such as the community nursing team and GPs, to support and maintain people's health and well-being.
- People had personalised care plans covering their healthcare needs. These shared important information with healthcare professionals.
- Referrals were made to healthcare professionals where appropriate and in a timely manner.

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

- Outcomes for people were met. Their preferences, care and health needs were assessed and regularly reviewed.
- Changes to people's needs were reviewed with them and their relatives and this was reflected in their care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent and included people in decisions about their care. People were given choices and were encouraged to make their own decisions where possible.
- No one using the service was subject to a deprivation of liberty authorisation at the time of our inspection. However, staff had received up to date training in this subject.

# 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. 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

- There was a positive rapport between people, support staff and the management team.
- People were supported to maintain personal relationships.
- Staff were trained in dignity and respect. Staff always treated people with kindness and respect.

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

- People were supported to make plans and discuss any changes to their support with staff and their advocate or relatives.
- People were supported to have their say and had an independent advocate where available if required to promote their rights.
- Staff spent time listening and talking to people. We observed the relaxed atmosphere and mutual respect between people and staff.

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to set goals and to develop their independence. One person told us, "I'm a very persistent person and am as independent as possible. Yet I don't make a fuss, I just do it, they help me."
- Staff engaged with people in a dignified way. One person told us, "I see the same care staff. They have got to know me, and they know to call me by my first name (how I like it) and not my full title."

# 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. 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 had personalised care plans which covered all aspects of their life and the support they required. Records showed they were reviewed regularly.
- The support people received was tailored to their needs and was delivered in a person-centred way.

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

- People followed their interests and took part in activities that had a positive impact on their lives and overall well-being.
- People were supported to use a range of communication methods to maintain contact with their relatives and friends during the COVID-19 pandemic.

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 communication needs were met. Staff adapted information and communication methods to suit people's preferences. For example, providing large print information for those who needed it.
- During the pandemic, the provider set up doorstep services to people's apartments to promote social distancing but to avoid isolation.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and was followed by the registered manager and staff.
- People were supported to raise any issues. Where issues had been raised, these were addressed and appropriately followed up. One person told us how they had raised an issue recently and they were happy that it was resolved, and improvements made as a result. They told us, "The (management) have taken it on board, the staff know about it. Changes are happening now."

# 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. 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 registered manager encouraged people and staff to be open with each other and created a culture of acceptance.
- The registered manager communicated the ethos of the provider clearly and this was embedded in the culture of the service.

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

- The provider had contingency plans for people in case of an emergency to ensure minimal disruption to their care and in response to the COVID-19 pandemic.
- Policies and procedures were up to date and in line with best practice.
- The registered manager carried out a range of audits to highlight improvements where needed.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare and had sent us notifications relating to significant events occurring within the service.

Continuous learning and improving care, working in partnership with others

- People interacted positively with the registered manager and told us how approachable they were. One person told us, "The manager is strong willed but very approachable."
- The registered manager took on board the opinions and views of people who used the service and their relatives to make improvements.
- People were supported by a range of healthcare professionals with whom the registered manager and staff had forged good working relationships.

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.

- There was clear open and transparent leadership style and regular audits were completed by the registered manager to understand the quality and safety of the service
- The registered manager was open with the inspector during the inspection.

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

- The provider held regular culture and unconscious bias workshops to help overcome bias issues to promote an inclusive culture.

- The registered manager held team meetings to discuss relevant information. One member of staff told us, "Team meetings are always longer than they're supposed to be but everyone chips in, we can all share our ideas or voice our concerns."
- Staff could approach the registered manager for support at any time and told us they were supported by the registered manager and the provider. One staff member told us, "I can go to the manager for support with anything, we all can. It's a great team."