

# Yourlife Management Services Limited

## Your Life (Edgbaston)

### Inspection report

Ryland Place  
27 Norfolk Road Edgbaston  
Birmingham  
West Midlands  
B15 3AY

Date of inspection visit:  
26 February 2019

Date of publication:  
14 March 2019

Tel: 07976663687  
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:

Yourlife Edgbaston provides personal care and support to people, over the age of 70, living in 'extra care' housing. The extra care housing complex, Ryland Place is purpose-built and provides household accommodation in a shared building. There are 57 apartments in the complex. They are for single person or double occupancy. Not everyone living at Ryland Place receives the regulated activity personal care. At the time of the inspection there were 4 people in receipt of a service.

### People's experience of using this service:

People told us they felt safe and were well-supported. There were sufficient staff hours available to meet people's needs in a safe and consistent way, and staff roles were flexible to allow this.

Systems were in place for people to receive their medicines in a safe way.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

People were involved in decisions about their care. 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.

Information was accessible to involve people in decision making about their lives.

People were provided with good standards of personal care by staff who were well-trained and supported in their roles.

The service assisted people, where required, in meeting their health care and nutritional needs.

Staff worked together, and with other professionals, in co-ordinating people's care.

Staff were kind, caring and supportive of people and their families. Privacy and dignity were respected and people's independence was promoted.

Processes were in place to manage and respond to complaints and concerns.

Care plans were person-centred and people's abilities and preferences were clearly recorded.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their rights and their responsibility to share any concerns about the care provided.

There were opportunities for people, relatives and staff to give their views about the service. The provider undertook a range of audits to check on the quality of care provided.

More information is in the full report: [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected:

This was the first inspection of the service since it was registered in March 2018. This was a planned comprehensive inspection,

Follow up:

We will continue to monitor the service through the information we receive.

## 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 our Safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good 

# Your Life (Edgbaston)

## Detailed findings

### Background to this 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:

One inspector carried out this inspection.

#### Service and service type:

Yourlife Edgbaston provides personal care and support to people, living in 'extra care' housing. The extra care housing complex, Ryland Place is purpose-built and is household accommodation in a shared building. The accommodation is owner occupied, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for extra care housing, this inspection looked at people's personal care and support service. Not everyone living at Ryland Place received a regulated activity from Yourlife Edgbaston; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The complex comprises 57 apartments. They are for single person or double occupancy.

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 visit because we needed to be sure that the registered manager would be in.

Inspection site visit activity started on 26 February 2019 and ended on 26 February 2019. We visited the office location on 26 February to see the registered manager, staff and people using the service; and to review care records and policies and procedures.

## What we did:

Before the inspection we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included details about incidents the provider must notify us about, such as abuse. We contacted commissioners and other professionals to gather their views about the service. We had received no concerns about the service.

## During the inspection:

We spoke with the registered manager, four staff, four people who used the service and two relatives. We carried out general observations in communal areas.

We reviewed a range of records. This included four people's care records and one person's medicines records. We also looked at four staff files around staff recruitment and the training records of staff. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they were safe. They said they felt confident with staff support.
- The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.
- Staff had a good understanding of safeguarding. They had completed safeguarding training which was refreshed at regular intervals. They had access to a whistle blowing policy which detailed how to report any concerns.

Assessing risk, safety monitoring and management

- People's needs and risks were assessed with the person before they started to use the service and risk assessments, were reviewed regularly and when a person's needs changed.
- Risk assessments included risks specific to the person using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person.
- We saw a person wearing their wrist alarm and they told us that if they pressed it they would get help quickly. They said, "There are intercoms on the corridors and staff will respond straight away if you call."

Staffing and recruitment

- There were enough staff to support people safely and to ensure people's needs could be met. A staff member told us, "I think there are enough staff." One person said, "Staff are on time when they visit."
- People told us staff stayed for their allocated time, were reliable and arrived as arranged.
- Staff recruitment practices were safe. Staff were only able to start working following satisfactory references, including checks with previous employers. Staff held a current Disclosure and Barring Service (DBS) check.

Using medicines safely

- Systems were in place for people to receive their medicines in a safe way.
- People's medicines were managed consistently and safely by trained staff. Staff received regular medicines training and their competencies were assessed six monthly.

## Preventing and controlling infection

- Staff received training in infection control to make them aware of best practice. Gloves and aprons were available for use as required to help reduce the spread of infection.

## Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, dietary requirements and other aspects of their daily lives.
- Care included support for all areas of assessed need. People's care plans were personalised and they had been reviewed and updated regularly to ensure staff gave consistent care.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- People were supported by staff who received ongoing training that included training in safe working practices and any specialist needs. Staff comments included, "There is plenty of training" and "We do some e learning in the office and classroom training."
- Staff had the opportunity for supervision and appraisal. Staff told us they felt well-supported.

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

- Most people made their own arrangements for food. The housing complex had a restaurant where the lunch time meal was served. Evening meals could be ordered to take away. A varied menu was available.
- Where people needed help with food preparation or more significant support with eating and drinking, this was clearly detailed in their care plan.

Staff working with other agencies to provide consistent, effective, timely care

- Care records showed people were referred for any specialist advice and support from different health professionals in a timely way.
- Staff followed professionals' advice to ensure people's care and treatment needs were met.

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

- The housing complex was accessible to people with a mobility or hearing impairment. There were large, bright, well-lit corridors and communal areas and well-tended gardens for people to enjoy.
- People lived in their own apartments which comprised of a bedroom, lounge with balcony, kitchen and bathroom. They contained any specialist equipment that people may need.

Supporting people to live healthier lives, access healthcare services and support

- Most people managed their own medical appointments. Staff were not involved in people's routine healthcare, but they told us they were alert to any changes in a person's health or demeanour and responded to any emergencies.
- Records showed that people were registered with a GP and received care and support from other professionals, such as the speech and language therapist and medical consultants.

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. We checked whether the service was working within the principles of the MCA and staff understanding of the requirements of the MCA.

Staff were trained in the MCA and dementia awareness. Staff knew what actions to take if they had any concerns about a person's wellbeing or capacity changing.

- Where people had Power of Attorney arrangements, for finance and property, or health and welfare in place these were well-recorded.
- Where appropriate, best interests decision meetings had been held for people supported by the service. Records showed relevant people were involved in the decision making process.

# 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.

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 without exception, told us, they were treated with kindness and compassion. Their comments included, "The staff are brilliant", "The staff are so kind", "They [staff] are very obliging" and "They do arrive when expected."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Care plans took account of people's likes, dislikes and preferences including how they wished to be supported. Staff understood their role in providing people with effective, caring and compassionate care and support.

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

- Information was made available in an accessible format to people dependent upon their needs.
- All of the people we spoke with confirmed they were supported to express their views and to be involved in making decisions about their care and support. One person commented, "My care records are in my apartment. I'm involved in all my care and decisions about me."
- Information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They told us their apartment was respected as it was their own home. We observed front doors had door bells, which staff used and they did not enter the apartment without people's permission.
- People were encouraged to maintain their independence. One relative told us, "Staff are good at helping [Name] to retain their independence." Care records were written in a respectful way and people's confidentiality was respected.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

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

- Care and support was personalised and responsive to people's individual needs and interests. It was delivered by a team of consistent staff who knew people well. Staff completed daily notes for a person after each visit, these reflected on the person's mood state, how the person had slept, their plans for that day as well as tasks completed on the visit.
- Care plans were reviewed regularly and as and when a person's needs changed. The person and appropriate relatives were involved in reviews of their care plan on each occasion, records confirmed this.
- There was a relaxed and welcoming atmosphere. People mostly spent time in their apartments and they met up in communal areas during the day or for pre-arranged events. People used the restaurant as a place to meet and socialise. Staff and people told us events took place at the service organised by staff and people living at the service.

Improving care quality in response to complaints or concerns

- A complaints policy was available. No complaints had been received.
- People knew how to make a complaint. They told us they would not hesitate to get in touch with the registered manager or senior staff if they had any queries or concerns.

End of life care and support

- At the time of the inspection no one was receiving end-of-life care. The registered manager told us they would involve relevant professionals to help the person remain in their home for as long as possible, if they wanted. Where an advanced care decision had been made to not resuscitate there was an appropriately signed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) document on file that was accessible to staff.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives of the organisation were discussed with staff when they were employed.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour,

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

- There was a positive culture where staff and management took pride in the care and support that they provided.
- The registered manager worked well to ensure the effective day-to-day running of the service and had clear arrangements in place to cover any staff absences.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks. They included medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation.

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

- The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to and it was a good place to work. Their comments included, "I love coming to work here", "We work well as a team" and "I really enjoy work."

- Relatives and people were involved in decisions about care. People were encouraged to be involved in the running of the service. Meetings were held on a regular basis. We saw a comments book was available in the restaurant for people to give feedback about the food after each meal. We were told it was checked daily and action taken as the result of peoples' comments.

#### Continuous learning and improving care

- There was an ethos of continual improvement and keeping up to date with best-practice in the service. There was a comprehensive programme of staff training to ensure staff were skilled and competent.

#### Working in partnership with others

- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.