

# Yourlife Management Services Limited

## Your Life (Malvern)

### Inspection report

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Tel: 01684892076

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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

This inspection took place on 22 August 2018 and was announced.

Your Life (Malvern) provides personal care for people living in a purpose built complex where there are individual flats with shared facilities that included a dining and activity room. There were 13 people receiving personal care when we inspected and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

### Rating at last inspection

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good

### Why the service is rated Good.

A registered manager was in post at the time of our inspection and was present for the inspection. The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received the care and support they needed from staff to feel and be as safe as possible within their own homes. Staff understood how to report concerns about potential abuse, and knew what action to make sure people were protected from harm. People's needs were assessed and any potential risks to people and staff were identified, before any new care and support commenced. Risks were also assessed within people's homes to help avoid any potential accidents to people who used the service or staff. People who needed staff assistance to take their medicines were supported to do this so their health needs were safely met.

People had enough staff support to meet their needs which assisted them to live safely within their own homes.

Systems were in place to ensure the safe recruitment of staff. This ensured people were not put at risk from unsuitable care staff supporting them.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. This included involving people in decisions about their day to day care. People were consulted about the type and amount of care they received and their needs and wishes were understood and followed by care staff. Where people required support with their meals and drinks this was provided by care staff who followed people's preferences. People were supported to access healthcare services when required and staff were aware of people's health needs

People were consulted about the contents of their care plans and risk assessments were updated as people's needs changed. Care staff treated people with dignity and respect when delivering care and support.

People were aware of how to make a complaint and the provider had arrangements in place to ensure these were listened and responded to.

There was a range of quality monitoring systems in place where management had completed various quality checks and reviews which were documented with improvement actions taken where required.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Your Life (Malvern)

## Detailed findings

### Background to this inspection

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

This inspection took place on 22 August 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority and local Healthwatch for their views on the service.

We spoke with three people who used the service. We spoke with three care staff, the deputy manager and the registered manager.

We looked at three records about people's care, incident and accident forms, staff training records and quality audits that the registered manager and provider had completed.

# Is the service safe?

## Our findings

At our last inspection in December 2015 the provider was rated as good in safe. At this inspection the rating remains unchanged.

People told us they continued to feel safe with staff and the services provided by care staff. One person told us, "Staff are excellent, I definitely feel safe with them."

The provider continued to protect people from avoidable harm, abuse and discrimination. Care staff had received training in, and understood, how to recognise, respond to and report abuse. They told us they would immediately report any abuse concerns to the management team. Care staff were also aware of whistle-blowing procedures and felt confident raising any concerns. One care staff member told us, "If ever I thought someone was abused I'd immediately tell [the registered manager's name] I'm sure they would deal with it." The registered manager understood their responsibilities in reporting and dealing with concerns to ensure people remained safe.

People told us there were enough staff on duty to respond to their individual needs and requests. People benefited from a long serving regular staff team who had built trusting relationships with the people they supported. One person told us, "The staff are punctual and do stay for the allocated time." The provider continued to use safe recruitment practices and care staff confirmed references and Disclosure and Barring checks [DBS] had been checked prior to them starting their employment. This practice ensured staff were suitable to work with people in their homes.

Risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. We saw in people's care plans detailed risk assessments and directions for care staff to follow so people were kept safe. For example, instructions for care staff to use shower chairs and mobility aids for people, when assisting them with personal care. Care staff said they had received guidance and training on infection control and prevention and were satisfied with the range of personal protective equipment [PPE] available.

The provider had systems and procedures in place to ensure people received their medicines safely as prescribed. Care staff told us they had received annual medication training and competency checks to ensure they were safe to administer people's medication if required.

# Is the service effective?

## Our findings

At our last inspection in December 2015 the provider was rated as good in effective. At this inspection the rating remains unchanged.

People told us they were satisfied with the quality of the care provided. One person told us, "Staff are very patient and very good." Another person said, "I am very happy living here I get all the help I need." People confirmed they had been consulted about their care plan contents, so were happy with the care and support that they received from the provider.

People received the care and support they required from care staff that were well-trained and knowledgeable. A care staff member told us, "The training here is very good, it's all classroom based and includes practical care scenarios for us to learn from." Staff told us they received regular supervisions and staff meetings which gave them the opportunity to reflect and learn best practice.

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. We checked whether the service was working within the principles of the MCA. We found evidence in care plans we looked at that people had consented to care and our discussions with carers and management showed they understood the requirements of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA for people living in their own home, this would be authorised via an application to the Court of Protection. At the time of our inspection the provider had not needed to make any applications to the Court of Protection.

People said that they were happy with the support they received around their mealtimes. Care staff told us they could prepare breakfasts and main meals if people required. We saw in people's care plans, care staff were reminded to make sure people had access to drinks before leaving people's flats to ensure they did not become dehydrated.

People told us that they were supported to keep well, and when needed the staff would support them with health appointments. One care staff member told us, "If ever I thought someone was not their usual self I'd report it to the registered manager and if necessary I'd call for medical assistance."

# Is the service caring?

## Our findings

At our last inspection in December 2015 the provider was rated as good in caring. At this inspection the rating remains unchanged.

People were very complimentary about the care staff who looked after them. They said care staff provided them with the assistance and support they required. Care staff spoke affectionately about people they supported and had a good understanding of people's care needs. People told us they had the same care staff who supported them most of the time. They told us care staff developed good relationships with them. One person said, "All the care staff are all right... you become attached to them." Another person told us, "Staff know how I like things done. If I want to change anything they listen to me."

People felt that care staff and management communicated well and took the time to make sure they were involved in their care. They felt that care staff explained clearly before going ahead and carrying out any care tasks. The registered manager encouraged care staff to assist people to stay as independent as possible

People told us care staff continued to treat them with dignity and respect. A care staff member gave us an example of how they respected people's dignity. "Whenever I help with personal care I always make sure the curtains are closed. I speak to gain the person's permission and ask before I perform any tasks."

We saw the provider respected people's right to confidentiality. People's care records included information about people's needs were stored securely in the registered manager's office



# Is the service responsive?

## Our findings

At our last inspection in December 2015 the provider was rated as good in responsive. At this inspection the rating remains unchanged.

People had their needs assessed and their care records demonstrated a good understanding of their individual needs. People had support plans in place covering a wide range of needs including personal care, mobility, medication, finance, communication and healthy eating, detailing how people wished to be supported.

Care plans were reviewed regularly at least on a yearly basis, or sooner if required. People we spoke with confirmed these arrangements. The registered manager told us care plan reviews would be brought forward if people's needs changed and care staff were notified, so people's support needs were kept up-to-date. Care staff were expected to report any changes in people's care, support and health needs to the deputy manager or the registered manager

We discussed with the registered manager how responsive the provider was in relation to equality, diversity and human rights; and how inclusion was promoted for people of all religions, cultures and sexual orientation. The registered manager gave us examples of how they respected people's chosen religions, cultures and sexual orientation and any specific instructions were recorded in people's care plans for care staff to follow.

The registered manager was aware of the Accessible Information Standard for people and people's communication needs were recorded within their care plans. Since August 2016, all public funded organisations that provide health and adult social care services are legally required to follow the Accessible Information Standard [AIS]. This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. It also aims to ensure that people understand how to meet people's communication needs appropriately if they transfer between services. We saw an example of how the provider met this standard, the service user guide was available for people if they required in the following formats; - Braille, large print, audiotape, easy read [using pictures as well as words] or translated to the person's language of choice.

We saw there were arrangements in place to investigate and respond to people's concerns and complaints. People who used the service who we spoke with knew they could telephone or go to the office and speak with the registered manager or deputy manager if they wanted to make a complaint or raise a concern. There had not been any complaints raised in the last twelve months.

## Is the service well-led?

### Our findings

At our last inspection in December 2015 the provider was rated as good in responsive. At this inspection the rating remains unchanged

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

The registered manager's vision was to ensure people were helped to make the most of their lives and remain as independent as possible. People were very complimentary about the registered manager. One person told us she was "Very approachable. I love living here, I could not ask for anything more." Another person stated, "[Registered manager's name] is a beautiful person... A very good manager." Care staff were also positive about the registered manager with one care staff commenting, "I love working here... [Registered manager's name] is brilliant and so supportive."

The registered manager had introduced "Employee of the month." These results were displayed in the staff room and the reason why the staff member had deserved the accolade and thanking them for their contribution and support. For example, we saw a relative had written, "How tremendously happy they were to have [care staff name] looking after their relative... and how caring and considerate they were"

The provider had a programme of regular audits in place. These included care documentation, medicine administration records, training and supervision records, falls, accidents and incidents and health and safety. Any accidents and incidents, complaints or safeguarding alerts raised were recorded electronically and analysed to identify any trends. This enabled the provider and registered manager to make any improvements and prevent reoccurrences.

The provider also had a programme of surveys they used to gather feedback from people. People were also encouraged to discuss any concerns or ideas for improvement by calling into the office on site. We saw and heard people living at the service, stop and have a chat with the registered manager. We saw the registered manager take time to listen and discuss people's requests and the registered manager responded promptly.

The registered manager understood the requirements of their registration. They submitted statutory notifications to us where this was required. The previous rating was displayed in the reception area for people who received a service and visitors to view.