

Yourlife Management Services Limited

Your Life (Hitchin)

Inspection report

Park House
Old Park Lane
Hitchin
Hertfordshire
SG5 2JR

Tel: 018235448150

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21 August 2018

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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 was carried out on 21 August 2018 and was announced. At their last inspection on 8 February 2016, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

This service is a domiciliary care agency. It provides personal care to people living in their own flats. It provides a service to older adults. Your Life (Hitchin) operates an assisted living scheme in a modern and purpose built private development called Park House. The property consists of 58 flats privately owned and occupied by older people who also share some communal areas and facilities; such as dining rooms, lounges and gardens.

Not everyone using Your Life (Hitchin) receives regulated activity; 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. At the time of our inspection seven people who lived at Park House received personal care and support.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People felt safe at the service and staff knew how to recognise and respond to abuse. Risks were assessed and mitigated. Staff followed infection control procedures and medicines were managed safely. There were sufficient trained staff to meet people's needs who were recruited safely and received regular support.

People were encouraged and supported as needed to eat and drink. People also had support to access health care services if needed. Staff adhered to the principles of the Mental Capacity Act and people lived independent lives.

Staff were kind, caring and treated people with respect. Relationships were promoted and confidentiality adhered to. People were involved in and decided their care or support needs. Care plans included information to enable staff to meet people's needs in a way that they liked.

People were encouraged to engage in activities that were in the community and were aware of how to raise a complaint should they need to. People, relatives and staff were positive about the management team and how the service was run. There were quality assurance systems in place to help maintain the standards.

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 services remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well led.

Good ●

Your Life (Hitchin)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was announced and carried out by one inspector.

During the inspection we spoke with three people who used the service, one relative, three staff members and the registered manager. Following the inspection, we received feedback from two relatives. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service

Is the service safe?

Our findings

People told us if they felt safe using the service. One person told us, "I don't feel like I need to lock my door, I do out of habit, but I don't need to." Relatives told us that they felt people were safe. One relative said, "There has been one very significant occurrence which confirmed to us that our [relatives] are safe and being well supported, which we are extremely grateful for."

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, the use of equipment and medicines. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. We noted that there were a low number of incidents. However, all accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced.

People living in the building were given information about fire safety. The registered manager had ensured that people they supported had the information they needed to be safe in the event of a fire and the opportunity to take part in an evacuation drill.

People told us they felt there were enough staff to meet their needs. One person told us, "They have never missed me." Relatives told us that there were enough staff available to meet people's needs. One relative said, "If they are running late they always call you." Staff told us that there was enough staff. One staff member told us, "We really do have enough staff, great teamwork. We do overtime if it is ever needed."

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. The management team ensured all required documentation was received before a member of staff commenced employment. This included written references and criminal record checks. One staff member told us, "It took ages to start as they were waiting for all my criminal records check to come back first."

People's medicines were managed safely. Most people managed their own medicines. Some had their medicines administered by staff. Regular audits and competency assessments were completed to help ensure medicines were administered in accordance with prescriber's instructions.

There were systems in place to help promote infection control. We noted that staff were provided with infection control training and spot checks by the registered manager ensured that they were working in accordance with their training.

Lessons learned were shared at team meetings, supervisions or as needed. We noted that any issues were discussed and remedial actions put into place. There was also a communication book which staff reviewed

as part of the handover process.

Is the service effective?

Our findings

People and their relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One person said, "They always deal with things correctly."

Staff received training to support them to be able to care for people safely. This included training such as moving and handling and safeguarding as well as specific training modules such as dementia care. Staff had the opportunity for further education such as a vocational qualification and one to one supervision. Staff told us that they felt supported and were able to approach the management team for additional support at any time. One staff member said, "You can go to [registered manager] or any member of the duty managers and they will always help you." Another staff member said, "We had a whole day of dementia training, it was good."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and their team were aware of the MCA and when there was a need to involve health care professionals and family members if people had reduced abilities to make independent decisions. At the time of the inspection everyone receiving support had capacity to make their own decisions, albeit with support at times.

People lived independently, coming and going as they pleased and spending their days how they wanted. Staff offered support and prompting where needed to visit the restaurant for meals and reminded people of events and activities in the community to help them make informed decisions.

People chose what they wanted to eat and if they were eating in their own homes or visiting the restaurants. Where people needed support, this was recorded in care plans. One person's plan stated, 'I like a cup of tea and a choice of biscuits from my tin at bedtime.' We noted that care notes showed this had been provided.

People were able to access health and social care professionals as needed independently. Staff supported with this when needed.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "They are all lovely, really nice." One relative said, "The staff are all fantastic." As part of a review meeting a person was noted to have said, "I think all staff here go the extra mile for [people who use the service]." A relative told us, "We have found the staff to be very supportive, understanding, caring and personal, but always maintaining professionalism and integrity. In our experience not an easy balance."

Staff were polite and friendly with people and we observed them interact with people in a warm and caring way. Staff listened to people and gave people time when needed, for example, repeating what they had said when a person was hard of hearing.

People told us that staff respected them and supported them with dignity. One person said, "There's not one of them I feel uncomfortable with. I like them all." We saw that staff knocked or rang the doorbell on people's apartments and didn't assume they could enter just as the door may have been unlocked. They waited to be told to come in.

Reviews to people's care involved people and relatives told where appropriate. Plans detailed ways in which staff were to support people to live as independently as possible. Plans detailed people's likes and dislikes, life histories and backgrounds.

People were supported by a registered manager and staff who knew them well. There was an emphasis of promoting family contact, noted in the number of events planned by the service to include family members. The registered manager told us that in the past people who used the service had developed new relationships and we noted that staff were respectful of current relationships.

People's records were stored securely in order to promote confidentiality for people who used the service. People also had their own copies in their apartments so that they had access to information held about them at all times.

Is the service responsive?

Our findings

People's care plans were detailed and person centred. They included information that enabled staff to provide care in a way people preferred. People told us that care was delivered in a way they liked and by staff they knew. One person said, "All are supportive, kind and help me, no-one is awkward." Another person said, "Everything works nicely. Staff are great, they always feel what they think is right, it's always someone I am happy to see." A third person said, "I am happy with what they do."

We noted that care plan reviews were detailed and recorded the person's views on how the plan was working for them and anything they needed to change. One review by a person who used the service was recorded as saying, 'I think all aspects of the care plan are working well, nothing needs changing.' Relatives told us that staff were supportive when people had changing needs. One relative said, "As [person] has slowly declined and needed extra care, the staff have willingly supported [their] extra needs. Any of the family's concerns are acknowledged and dealt with as soon as possible."

Each plan had a one page profile which included important information including care needs. There was also a communication folder which staff noted any changes or things out of the ordinary for people to help identify any change in needs, support or health complications.

The service did not provide nursing care and they had not yet needed to provide end of life care for people. However, they were preparing for it by ensuring people had their wishes documented in their support plans.

People lived independent lives and spent their days how they wished. One relative told us, "All the staff are aware of my [relative's] condition and encourage her to be as independent as possible." The building in which they lived had a sociable community and plenty of events to attend. People told us that staff told them what was available each day and supported them to attend if needed. A relative told us, "It is noticeable that the current manager, [name], is organising more activities for the community to socialise together which my [relative] enjoys." A staff member told us, "We have time to spend with people. It's not all rushing about, it's spending time with people as individuals."

There had been no recent complaints raised by people receiving a regulated activity. Complaints and minor concerns raised previously, or by other people living in the building, had been fully investigated. People and relatives told us that they knew how to raise concerns but had not needed to. One person said, "I haven't had the need to complain but I know to go to the desk and speak to someone if I do."

People were asked for their views through a survey. Results seen were positive. There were regular resident meetings where people decided on menus and activities and were asked for their views on the service. Updates about staffing or other areas were also given by the registered manager.

Is the service well-led?

Our findings

The registered manager started at the service in April 2018. People and their relatives were positive about the management team and how the service was run. One relative said, "I think that [registered manager] is great."

Staff were also positive about the registered manager and how the service was run. One staff member said, "[Registered manager] is a lovely lady. Everything is really well done. She is amazing, deals with everything straight away, nothing gets left." They went on to say, "You only have to speak with [people who use the service], everyone is so happy." Staff told us that they also received support and advice from duty managers who had the same positive attitude as the registered manager.

There were quality assurance systems in place. These were used consistently and appropriately. As a result any issues found were addressed. For example, accidents and incidents were reviewed, feedback from people, any complaints. In addition, the registered manager carried out spot checks of staff performance to ensure any areas for development were identified and staff were working in accordance with the provider's expectations. The service was supported by a regional manager who reviewed actions taken to ensure standards were being maintained.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes or updates in the home. There were also reminders about policies, safeguarding and whistleblowing and ensuring records were up to date.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.