

# Yourlife Management Services Limited

## YourLife (Raynes Park)

### Inspection report

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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 2017 and was announced, 24 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that someone would be available on the day of inspection. This is the first inspection for this service which was registered in August 2016.

YourLife (Raynes Park) service provides personal care to people living in their own homes within Liberty House, an extra care housing service that also offers communal facilities for dining and activities. The service provides support for people over 70 years old. At the time of our inspection nine people were using the service.

The service had a registered manager. 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.

Staff knew potential risks to people and supported them to manage the risks, which ensured that people were protected from poor care. The service carried out risk assessments for people, however the likelihood and severity of the risks occurring was not assessed. We have made a recommendation about this. People were supported to take their medicines in line with good practice. Staff followed the service's procedures to ensure that people received the necessary support to take their medicines as prescribed. However, we found that staff were not provided with guidelines on how to support a person if they were not at home at the time they had to take their medicines. We raised our concerns with the registered manager and noted few days later the guidelines were in place.

Staff supported people to be safe from potential abuse and avoidable harm. There were enough staff to support people with their care needs. The service followed safe staff recruitment processes to ensure that staff were skilled to provide good care for people.

The service provided staff with necessary training to ensure they had sufficient knowledge to assist people with their individual needs. The registered manager carried out regular supervision and appraisal meetings to support staff in their role. Staff had an adequate understanding of their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). 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 told us their nutritional needs were met and staff were flexible to accommodate their food choices. The service provided assistance for people with their health appointments when they required it.

People told us they had a choice of activities to attend and staff supported them when required. Staff talked to people about the support they wanted. People made decisions about their care provision themselves

where possible. People and their relatives felt that staff were kind and respectful. Staff supported people to learn to use equipment, which promoted their independence.

People told us that staff knew what was important to them and provided support in the way they wished. Staff regularly contacted relatives to ensure they were involved in people's care. Robust systems were in place for staff to share information as necessary. This ensured that staff were aware of the activities taking place at the service. People and their relatives were regularly asked for feedback about the service, which provided them with opportunities to share their experiences.

Staff told us the management team provided good leadership at the service. The staff team worked together to ensure good care provision for people. This included staff sharing the work load as necessary. Staff made suggestions to the management team to improve the service delivery. Staff were supported to provide feedback about the service, including the training they received. Audits were carried out regularly by the service to improve the service delivery.

## 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. Staff supported people to stay safe from potential abuse. The service provided staff cover as required to ensure that people's needs were met. There were safe recruitment systems in place to ensure suitable staff were employed in line with good practice.

Staff followed the service's risk management plans to protect people from avoidable harm. We have made a recommendation about these.

People received their medicines in line with their prescriptions.

People received their medicines in line with their prescriptions. However, we saw that guidelines were not available for staff if a person was not at the service when they had to take their medicines. After discussing this with the registered manager these were developed.

Good 

### Is the service effective?

The service was effective. Staff attended training, which ensured they had the knowledge and skills to support people with their care needs. Staff were supported through regular supervisions and appraisals.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and supported people to make choices about the care they wished to receive.

People had access to sufficient amounts of food and drink to meet their nutritional needs. The service monitored people's health care needs as required to ensure their good health.

Good 

### Is the service caring?

The service was caring. Staff encouraged people to access activities and enhanced their independence where possible.

People were involved in their care needs assessment and had access to information about them.

Good 

People told us their privacy and dignity were respected.

### **Is the service responsive?**

The service was responsive. Staff knew people's care and support needs well and provided support according to their decisions. Staff shared information to ensure that the required actions were taken as necessary.

Relatives were involved in people's care as much as they wished to.

People were supported to raise their concerns and complaints.

**Good** ●

### **Is the service well-led?**

The service was well-led. Staff told us the manager was a good leader. Staff worked together as a team to provide good services for people. The management team encouraged staff to make suggestions and to develop the service.

The registered manager had carried out regular audits to improve the quality of the care and support provided for people.

**Good** ●

# YourLife (Raynes Park)

## **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 checked 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.

We inspected the service on 22 August 2017. This inspection was carried out by one inspector. We gave the service 24 hours' notice of the inspection because the location is a domiciliary service; we needed to be sure that someone would be available.

Before the inspection we reviewed information we held about the service. This included statutory notifications. A notification is information about important events which the service is required to send to us by law.

During the inspection we reviewed three people's care records, three staff's recruitment, training and supervision files and other records relating to the management of the service. We talked with the registered manager and the three staff members working for this service.

During the inspection we met with five people who used the service. After the inspection we contacted two relatives and two health and social care professionals for their feedback about the care provided for people.

## Is the service safe?

### Our findings

People told us the service provided safe care. One person felt "very safe" and "continuously reassured" by staff. Another person noted that staff "would always help" when they required assistance. A relative told us the service promoted "health and safety well."

The service protected people from potential abuse and avoidable harm. The safeguarding and whistleblowing policies were available at the service and accessible to the staff team when required. Staff were knowledgeable in recognising different types of potential abuse. Staff told us that any concerns they had about a person's safety were reported to the management team of the service. The registered manager escalated concerns to the local authority to ensure that actions were taken as necessary. This meant that people were supported to be safe from harm and poor care.

The service supported people to identify and manage risks as appropriate. Staff were aware about potential risks to people and followed guidelines to ensure people's safety. Staff helped people to carry out tasks safely, for example when assisting people with their personal care. Records showed that people's care needs were identified and risk assessments were carried out to prevent potential risks to people. We found that risk management plans were updated regularly and when people's needs changed. This meant that people's needs were reviewed regularly and actions taken when required. However, the service did not assess the likelihood and severity of the risks occurring to determine the level and impact of risks on people. This was discussed with the registered manager who told us that staff received on-going advice from the management team to ensure that risks to people's wellbeing were managed as necessary. We recommend that the provider seeks guidance on best practice in assessing and documenting risks relating to people's support.

The service provided sufficient numbers of staff to meet people's needs. People told us there was enough staff to assist them as necessary. The service was in the process of recruiting more staff. The registered manager requested for the staff cover to be provided by other services registered to the same provider. Most staff had been working in the service for a long time. This meant that staff knew people's care and support needs well. The registered manager assessed staffing levels based on people's care needs. The management team reviewed people's needs regularly to ensure they had the support they required. We viewed the staff rota and noticed that some staff were doing long shifts. Staff told us they preferred working long days as it suited their personal circumstances. The registered manager said that staff had regular breaks when working long shifts, which ensured they had necessary rest.

The service followed safe recruitment practices to ensure staff had the skills and knowledge to support people with their personal care. This included completed application forms, attendance at interviews, references from previous employers and completion of disclosure and barring checks.

People were supported to take their medicines safely. Care records had information on the medicines people were taking. People had their allergies recorded as necessary to ensure they were only taking the medicines that suited them. The medicine administration record (MAR) sheets were up to date and signed

for by the staff as appropriate. We observed that the MAR sheet was not signed for by staff until the medicines were actually taken by the person. There were processes in place for reporting medicine errors, which ensured that staff took appropriate actions to support people if required. However, there were no records found containing guidance for staff on how to assist a person if they were not on the premises at the time they had to take their medicines. The registered manager told us this information was shared between the staff team verbally. We found that staff knew and followed the procedure as appropriate. Shortly after the inspection, the registered manager sent us evidence that these guidelines were now in place.



# Is the service effective?

## Our findings

We found that the service was effective. One person told us the staff were "getting on really well with using the equipment" to support them. A health and social care professional said that staff were "Good at communicating issues and they are clear about the input they can or cannot provide."

Staff had completed training as necessary for their role. Records showed that staff had attended training in health and safety, safeguarding and medicine management. The service also trained staff to support people with their individual care needs. We saw that staff applied the gained knowledge in practice, for example people who had dementia were supported to follow important to them routines to reduce their anxiety levels. Staff told us the registered manager had encouraged them to complete the Qualifications and Credit Framework (QCF) training and they had time allocated for this. QCF is a recognised qualification in social care sector for training staff. This meant that staff had up-to-date knowledge to ensure necessary support for people.

Staff received support to carry out their duties effectively. Staff told us they approached the registered manager for advice at any time they needed it. Records showed staff had regular supervisor and annual appraisal meetings to discuss their developmental needs. The registered manager ensured that staff had the necessary level of skills before they started supporting people. For example, new employees shadowed experienced staff until they felt confident to carry out their duties independently.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

The service followed the MCA principals and applied the legal requirements in practice. Staff attended training on the MCA and were aware of their responsibilities under the MCA. Staff told us they supported people to make everyday decisions and talked to the registered manager if they had concerns in relation to people's capacity to make choices for themselves. The service enabled people to take part in the decision making process for as long as possible. Records showed that people had been supported to decide on the support they required with their medicines. Relatives were involved as necessary to review historical events. The appropriate time of the day was considered to ensure the person's full participation.

Staff supported people to meet their nutritional needs as required. People told us they had enough to eat and drink. A family member noted the food was prepared from "good quality ingredients." The service cooked food on site, which ensured that people were provided with fresh meals. We viewed a menu plan that included healthy meal choices. People had a choice of what they wanted to eat. They were given a list

of weekly meals to choose from. The registered manager told us that people were supported to order different meals if they did not like the menu. Some people decided to eat in their flats and the service was flexible to accommodate their choices.

People had support to access health professionals as necessary. People told us that staff assisted them to attend the medical appointments if they required help. A health and social care professional said there was on-going communication with the team and staff were good at keeping them up to date about the person's health condition. Care records included information on health and social care professionals involved in people's care. This ensured that staff accessed the health and social care professionals' contact details quickly when required.

## Is the service caring?

### Our findings

Staff attended to people's needs with care. People told us that staff were kind and patient. One person said, "Staff are good to me, all of them." One other person noted that staff were "Great fun." A relative said they were "very happy with the caring attitude of the staffing." A health and social care professional described staff as "Kind and friendly." They also said that people felt "valued" and "part of the community" in the service.

Staff told us they promoted equal opportunities at the service. People said there was a choice of activities available for them. Staff considered people's different needs when arranging activities at the service. This ensured that everyone could socialise and take part in the activities of their choice. We saw weekly activity plans were available for people to help remind them about the activities on each day. It included activities led by the service and external agencies. We also found that some activities were facilitated by the people living at the service. This provided people with opportunities to occupy their time with what they were passionate about. We observed a relaxed atmosphere during the activities. People chatted and laughed as they played cards.

People were involved in making decisions about their care. People told us the registered manager regularly asked them if they were happy with the services provided for them. The registered manager carried out people's care needs assessment before they started providing services to them. This included talking to people about the support they wanted. People had care records kept in their flats. This meant that people had access to the information about them. People signed their care plans when they were in agreement with the care provision.

We found that staff attended to people's care with respect and kindness. One person said that staff were "polite and kind." People told us staff respected their privacy. Staff left people on their own if they asked them to. A relative said to us their family received emotional support when they needed it, which meant that staff showed concern to people's wellbeing. Staff told us they talked to people in a polite manner and listened to them. We observed staff ringing a door bell and waiting for people to respond before entering their flats. Staff asked people's permission before they started supporting them, for example with their medicines. People had support to maintain their dignity. Staff told us they continuously reassured and talked to people when providing their personal care making sure they were comfortable. We observed staff communicating kindly to people. Staff were interested in how people had been and asked about their plans for the day.

Staff supported people to maintain their independence as necessary. People said that staff made suggestions to promote their independence. This included a person having access to a hot cup of tea when they wanted to. One person said that staff suggested they buy a chair, which would help them to stay comfortable. People told us that staff helped them to learn to use equipment, for example kitchen appliances. Staff said they encouraged and praised people to increase their independence, for example when assisting them with changing their clothes. Care records had information on the daily support people required. This ensured that staff provided consistent care to people only when and where required.

## Is the service responsive?

### Our findings

Staff were responsive to people's care needs. One person said that staff gave them "time to do things." Another person noted that staff were "helpful and encourage to go to events." A person said, "Staff are very knowledgeable. They spotted me getting unwell and called an ambulance." A family member told us their relative was provided with "immediate support" when their needs had changed. A health and social care professional said the staff team was "very responsive and helpful."

Staff were aware of people's individual needs and provided support as necessary. People told us staff asked about their preferences and assisted them in a way they wished. One person said that staff, "arrived very quickly" if they called for assistance. A relative said, "Staff are good at responding to needs." A health and social care professional noted that staff had learnt to use manual handling equipment quickly when people required it. Staff knew what was important to people and were aware of important events in their lives. This included the times when their relatives visited them. Care records had information on people's preferences, including the food they liked or disliked, which ensured that people had the support they required.

People told us they had families involved in their care as much as they wished to. Staff contacted people's relatives to update them on people's conditions and the support they carried out for them. The service regularly reviewed people's care to ensure that the support provided was meeting their needs. Relatives told us they were invited to attend the meetings to help people make decisions about their care. We saw a different placement being considered when the service was no longer able to support a person.

Systems were in place to share information as necessary. Staff used a communication book to pass on information on the events taking place at the service, including people being away. Handover sheets were completed to keep staff updated on people's daily activities. The service used a diary to record people's health appointments, which helped staff to arrange support in time when required. The service followed safe information keeping procedures to ensure that confidential information was kept securely. We observed people's care records being locked and only accessed by authorised staff. Staff used passwords to keep electronic information safe.

Staff asked people for their feedback about the service. People told us they talked to the registered manager if they wanted to make changes to their care. They were confident that the issues raised were adhered to promptly and acted on as necessary. A relative said the registered manager "always has time to discuss" their concerns. People completed a survey, which provided them with opportunities to compliment the service and to discuss their concerns. We saw that the registered manager was aware and took actions to address issues raised, for example to improve the ventilation system in the building. The registered manager told us they held weekly meetings, which ensured that people were provided with regular update about the service. People were also encouraged to use a comments book for feedback.

## Is the service well-led?

### Our findings

We found that the service was well-led. People told us the registered manager was available to them when they needed support. One person said the registered manager was "knowledgeable and skilled." A relative told us the service was "Well run... structured and promotes policy." Another relative said the registered manager was "Very helpful, polite and professional." Staff told us that the registered manager had "good listening skills."

A stable management team was in place to provide leadership at the service. The team had a registered manager in post. The registered manager had a good understanding about their responsibilities at the service and knew the different forms of statutory notifications they had to send to the Care Quality Commission as required by law. The registered manager worked together with the duty managers to provide 24 hour support for the staff team. Staff told us the management team was responsive and acted quickly where required, for example when staff called for assistance. One staff member told us the registered manager "knows" what they were doing and "likes everything to be done." The registered manager said they considered staff member's individual skills and abilities when providing advice to them, which ensured that all staff felt valued in their role.

We observed good team working practices. People told us there was a good atmosphere between staff at the service. Staff said they "Loved working here [at the service]" and "talk to each other to make sure everyone is ok." Staff took additional shifts when required to ensure that cover was provided as necessary. We observed staff being friendly and helping each other to carry out tasks for people, which meant they shared the work load as required.

Staff were involved in developing the service. Regular team meetings were carried out to discuss good practice and any concerns staff had about the service. Staff told us they raised questions where systems required updating, for example in relation to infection control. One staff member said they made suggestions to improve the service provided for people with dementia and actions were taken as necessary. This motivated staff to take a people focused approach in their work activities.

Staff completed surveys to share their experiences about the service. Records showed that staff provided a good rating in relation to their role expectations. Staff also gave feedback about the training they received, including learning provided during their induction. We found the service listened to staff feedback and responded to their concerns. The service ensured that guidance on how to raise concerns with CQC was available to staff if they required it.

The registered manager carried out audits to identify issues and take actions as necessary. The registered manager told us they chose to cover different shifts to assess separate areas of care services provided for people. Regular checks took place to ensure that people's care records were up to date and reflected their needs. The registered manager had also reviewed that staff had accurately completed the medicine administration records and people had received safe care and treatment. A senior manager had carried out quality assurance audits to identify any improvements needed at the service, for example if people required

Do Not Attempt Resuscitation in place. Records showed the service undertook regular checks on fire safety equipment and ensured the fire exits were kept clear for people to use if necessary.