

Yourlife Management Services Limited

YourLife (Droitwich)

Inspection report

Horton Mill Court
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WR9 8GD

Tel: 01905770288

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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 16 December 2016 and was announced.

Your Life (Droitwich) provides personal care for people in their own home within a supported housing scheme. There were four people using the service when we inspected and there was 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 and associated Regulations about how the service is run.

People told us they felt safe when the care staff came into their home to provide personal care. Staff told us how they reduced the risk of potential abuse and how they would report any concerns to the management team for review. People's individual risks had been recorded and reviewed. Staff told us they looked at the plans in place to understand how to provide safe care. People told us the care staff were on time, had not rushed them and never felt they would be left without assistance. There was a small staffing team who were able to provide care at the times people had wanted it. People's medicines were managed by staff who had been trained and supported to administer these.

Staff told us their training kept them knowledgeable about their roles and responsibilities updated. They had the skills, knowledge and experience required to support people with their care and support needs. Staff understood the need to gain people consent to care and treatment before providing any care or assistance.

Staff told us they knew all people they supported and got to know them well. Care plans were in place that provided the level of personal information that people had wanted to share. The plans provided staff with guidance about people's preferred support and people were involved in making decisions about their care.

People's care needs were met from staff that knew them well. People were supported by staff that promoted and maintained their dignity, whilst respecting their levels of independence.

People knew and frequently spoke with the registered manager so they were always able to talk with them about any concerns if needed. Relatives said they were also able to contact the registered manager or duty manager out of working hours when needed for advice or assistance. Staff felt they were able to speak with the registered manager and provide feedback on the service. The registered manager told us they kept their knowledge current and provide staff with input and direction about the levels of care they expected. Regular checks were completed to monitor the quality of the care that people received, that included reviewing records and observing staff practices.

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 was safe.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

There were enough staff to meet their care needs and support people with their medicines.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that had up to date information about people's needs. Information in the care records were consistently followed. People had been able to make their own decisions.

Staff had contacted other health professionals when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that met people's needs and took account of people's individual preferences, whilst maintaining dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place that showed people's care and support needs. Staff also knew about people's personal histories and preferences.

People were able to approach the registered manager and there were regular opportunities to feedback about the service.

Is the service well-led?

Good ●

The service was well-led.

Staff were supported by the register manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

Regular checks were completed to monitor the quality of the service provided.

YourLife (Droitwich)

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 16 December 2016 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. One inspector carried out this inspection.

The provider 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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with four people and three relatives where their family member received care. We spoke with three care staff, one deputy manager and the registered manager.

We looked at three records about people's care and completed daily notes, charts about medicines, staff training records and quality audits that the registered manager and provider had completed

Is the service safe?

Our findings

People were comfortable with staff coming into their home and had confidence that staff looked out for their safety. They told us the registered manager would listen and act if they had any concerns about their safety or the staff that provided their care. Care staff told us they were respectful of people's homes and possessions and understood their responsibility to provide support in a way that kept people safe while in their home.

All staff told us they knew how to keep people safe and what to look for that may indicate potential abuse and were aware of their responsibility to report and protect people from the risk of abuse and harm. They told us that any concerns would be reported without delay to the management team and were confident that these would be dealt with. The registered manager explained how they would raise any safeguarding concerns with the local authority as required.

People told us that staff supported them in their home to minimise the risk in their daily living activities, for example whilst receiving personal care. People's risks were discussed and recorded in their care plans before staff worked with them. Care staff also told us they worked closely with people and, where appropriate, their families to review the risks such as environmental changes to the home.

The recorded risks were available for staff to read and staff told us they followed these plans to help ensure the care they provided was completed with the least amount of risk to a person. The registered manager had reviewed the person's home to look at potential risks for staff working there when providing care for a person. For example, looking at trip hazards or how to enter the home if the person was not able to answer the door.

People had regular staff which they knew always arrived promptly and stayed for the agreed time. People told us that staff were consistent, and cover for holidays and sickness was from staff who they knew and trusted. Staff told us they were committed to their work and never missed a call and there were enough staff to care for people. The registered manager also provided care to people and this had supported the staff team. The registered manager told us they would only accept new care calls if they had the availability to meet them.

People told us they received their medicines at the agreed times. People's medicines were administered and recorded by staff which showed the individual medicine administered. Staff were aware of the types and reasons for people's medicines and possible side effects to look for. People told us and records showed that how to administer the medicines with the amounts needed. The records were checked monthly by the registered manager, to identify any missed doses or recording errors.

Is the service effective?

Our findings

People we spoke with told us the staff were confident and knowledgeable when providing their personal care. Staff knew people's individual needs and told us the training gave them confidence when delivering care and that it matched people's needs.

All staff told us that the registered manager supported them in their role with regular meetings and supervisions and they felt valued. Staff were confident that communication was good and as a small team were always in contact with each other. Staff told us that any problems or questions they were able to ask the registered manager.

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. We checked whether the service was working within the principles of the MCA. People had consented to their care and treatment and were supported in developing their care plans. Records showed the person's needs and wishes had been included. For example, the amount of personal care and the level of assistance needed.

We spoke with staff who were clear that people had a choice when delivering personal care and support. The registered manager was clear that all people using the service were able to make choices and said, "All our tenants are able to provide their consent". They told us it was always about a person's choice and that they would never go against their wishes. They ensure the correct procedures were followed if they felt a person lacked the capacity to make a decision.

People told us they had their choice of meals or snacks and that staff would happily prepare something for them to eat later in the day. Staff told us that support varied from heating prepared meals to assisting with making breakfast. The housing complex also provided an onsite restaurant that people had the option to use. Staff also told us they made sure people had drinks available to ensure they had enough fluid to between calls.

People told us they looked after their own health and would arrange any appointments needed with the GP or hospitals. Relatives told us that staff would also tell them if they felt a person was unwell and suggest arranging appointments with their doctor or consultants which was in line with the person's consent. Staff told us that in an emergency situation they would contact the emergency services for advice and assistance.

Is the service caring?

Our findings

People received the care they wanted and needed. They told us how staff would ask them about their lives and spent time chatting about everyday things that were important to them. People had been able to make decisions and were listened to by staff. All staff spoke in a caring way about the people they supported. They were able to tell us about people's preferences, current needs and their histories.

Relatives we spoke with told us they knew all the staff and felt they provided good care and support. They had the opportunity to talk about their lives and personal interests with staff, and they enjoyed their company. They told us the registered manager was considerate about what information was recorded and they were able to choose how much detail they provided. Staff told us that people had their right to privacy and they would only chat about things that the person felt comfortable with.

All people we spoke with told us they were able to maintain their independence, were involved in their care and were able to guide staff daily to how much help or support they needed. Staff told us that it was important for people to remain involved in their day to day care choices which they felt promoted their independence. We saw that care plans detailed how to help people to maintain their independence and the day to day difficulties that may arise. For example, how a person's needs may change depending on how they felt that day.

People told us that staff respected them as individual people and felt valued. Staff provided examples of how they made sure they maintained people's dignity and respect. For example, speaking with the person to see how they preferred care and where able leaving the person to promote privacy.

Care plans were developed with the person and reviewed every six months or sooner if there were changes. People had been involved in these reviews and any changes suggested were recorded and action taken. People's preferred routines or preferences were followed which suited them. The registered manager discussed the care people wanted before starting the care to make sure they were able to meet their requests.

Is the service responsive?

Our findings

People were involved in making decisions about their care and support needs. People's families had been involved where agreed to support their care needs. For example, their partner who they felt could support and advise them in the care plans. People said they would happily contact the office when needed to make changes to any planned calls or care needs. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs.

People told us their plan of care was decided when they first began receiving personal care from the agency and the plans were kept in their home. Staff we spoke with knew people's needs and provided examples of how people who had a particular illness may be affected and the actions to take if something changed.

The care people received was recorded after each visit which the registered manager collected and reviewed at the end of each month. People also told us that any changes to their needs were updated quickly and were communicated to staff. The registered manager told us any immediate changes were communicated to staff. Staff confirmed changes were sent thorough to them in person and they always checked care plans for any changes.

We looked at three care records which showed they had been updated regularly or when a change had been required. All relatives and staff we spoke with felt the records were current and reflected what care people needed. Records showed staff the preferred way to provide care and how to support the individual. For example, the steps needed for each personal care task. People's care was reviewed regularly by the registered manager. Relatives were happy to discuss any changes that they would like in their care when needed.

All people we spoke with told they had not had any cause to make a complaint. However, they knew the registered manager and staff well and would be happy to let them know of any concerns or issues. Whilst no complaints had been recorded in the last 12 months processes were in place to investigate and respond to people. The provider had a formal complaints process in place and this had been included in people paperwork when they joined the service. The information gave people details of who to contact and the steps that would be taken to address their concerns. The registered manager said that alongside formal complaints received they always acted on people's comments day to day.

Is the service well-led?

Our findings

People and their relatives were involved and asked for their feedback about the way the service was managed and they knew and received care from the registered manager. People told us they had found a small agency that suited their needs well.

Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. We looked at records of spot checks that had taken place and the other records written in people's homes about the care provided. These had been checked and signed by the reviewer each time they were returned to the office each month. They said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary.

We spoke with the registered manager about the values they expected staff to provide. They wanted to offer personalised care to people they knew and had a really good understanding of their needs. As a smaller agency the registered manager got to know people well and provide care. They told us this helped to ensure any small queries or questions were dealt with immediate and that staff knew the standard of care they expected.

All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. The registered manager understood their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. The registered manager had managed the agency for a number of years and spoke passionately about ensuring people were looked after to the best of their ability

The registered manger was pleased that all their staff worked as a team to ensure that people received good care. The registered manager had checked and reviewed the service provided. They had reviewed the care notes that staff had completed when providing personal care. They checked to ensure the care provided matched the care plans. For example, they had checked the length of call time and what care had taken place on the call to ensure all expected areas had been completed.

The registered manager worked regularly alongside staff and took that opportunity to review the quality of the service provided. Staff told us they often worked with the registered manager which helped to ensure they provided care in line with people's needs and preferences. In order to continue improvements and a proactive culture, the provider had supported staff to study professional development training courses such as National vocational Qualification (NVQ).

The registered manager told us they kept their knowledge current with support of other external professionals. They used information from the Social Care Institute for Excellence, CQC and Skills for Care. They felt these supported them in guidance about best practice and any changes within the industry.