

# Yourlife Management Services Limited

## Your Life (Northallerton)

### Inspection report

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Tel: 01609779393

Date of inspection visit: 10 March 2015  
Date of publication: 30/06/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

We undertook an announced inspection of Yourlife Northallerton on 10 March 2015. We told the provider one day before our visit that we would be visiting. This was due to the nature of the service and to ensure people who used the service and staff were available to assist us with the inspection.

At the time of our inspection three people were receiving a personal care service.

Yourlife Northallerton was registered in July 2011, the service provides personal care services for older people living in their own homes, within a McCarthy and Stone Assisted Living Development. The Your Life (Northallerton) office is located at the Malpas Court development, near the centre of Northallerton. The

Malpas Court development consists of a complex of retirement flats which people purchase, they can be supported by a number of services if they wish, there are communal areas and facilities, including a restaurant.

At our last inspection in May 2013 the service was meeting the regulations inspected.

The service had a registered manager who had been registered with the Care Quality Commission since July 2014. 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.

# Summary of findings

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments although we were told this was rare.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. To help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Photographic identification was not apparent in all the files we looked at. We discussed this with the registered manager who was aware this was needed.

Staff did not receive regular training to ensure they had up to date information to undertake their roles and responsibilities. The registered manager had recognised that staff needed to receive regular training, so they were knowledgeable about their roles and responsibilities. There were gaps in required training such as Mental Capacity Act 2005, food hygiene and infection control.

Staff were not provided with regular supervision and appraisals.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported. People told us they liked the staff and looked forward to the staff coming to their apartments. There was evidence that people were involved in making decisions about their care and the support they received.

People were supported to eat and drink. The onsite restaurant provided lunch time meals for people who lived there. Staff encouraged people to access the community and this reduced the risk of people becoming socially isolated.

Staff were respectful of people's privacy and maintained their dignity as well as encouraging independence.

People were supported to take their medicines by being prompted or assisted. Each person's required needs were documented in their care plans. Medication administration records were not fully completed, dates were missing and there were gaps with no explanation as to why.

We saw that the service's complaints process was included in information given to people when they started receiving care. The complaints policy was due for review 31 December 2012, this had not happened. The policy detailed steps that were to be taken if a complaint was made with a flow chart. We saw the service had received one complaint in April 2014, this was dealt with appropriately.

Although the area manager did monthly audits, no action plan was put in place, therefore each month the same issues were occurring.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in April 2015. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 required improvements to be safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Medication administration records were not fully completed, dates were missing and there were gaps with no explanation as to why the medicine had not been administered. The registered manager did not do any medication audits or any medicine administration competencies.

Requires improvement



### Is the service effective?

The service required improvements to be effective

Staff did not receive regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff were not provided with regular supervision and appraisals.

People were supported to eat and drink according to their plan of care.

Requires improvement



### Is the service caring?

The service was caring.

People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff were respectful of people's privacy.

There was evidence that people were involved in making decisions about their care and the support they received.

Good



### Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Good



# Summary of findings

Staff encouraged people to access the community and this reduced the risk of people becoming socially isolated.

People who used the service and their relatives felt the staff and manager were approachable.

We saw the service had received one complaint in April 2014, this was dealt with appropriately. The complaints policy was due for review 31 December 2012.

## Is the service well-led?

The service required improvement to be well led.

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

Monthly quality audits were carried out by the area manager but no action plan was put in place to learn and improve from these audits.

The policies we received had a review date of 2013 this had not taken place.

**Requires improvement**



# Your Life (Northallerton)

## 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.

The inspection of Yourlife Northallerton took place on 10 March 2015 and was announced. We told the provider the day before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. Two adult social care inspectors undertook the inspection.

Before our inspection, we reviewed the information we held about the service. We looked at notifications that had been submitted by the service. This information was reviewed and used to assist with our inspection.

The provider was not asked to complete 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.

During our inspection we spoke with the registered manager, two care workers and an external training provider. We reviewed the care records of the three people that they provided personal care for, we reviewed the records for six staff and records relating to the management of the service. We visited two people who received personal care, in their apartments, with their permission. After the inspection we spoke with one relative.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service. One person told us, “I feel safe, of course I do,” and “I feel very comfortable.” Another person said, “I have no reason to feel unsafe.”

A relative of a person who were provided with personal care said, “I have tremendous peace of mind, if anything happens to my relative people get there quickly,” and “He is as safe as he can be, they have a very good alarm system and if they are at all worried about anything they will pop in.”

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff knew where it was kept. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. No safeguarding concerns have been raised since the agency started operating in 2011.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we looked at included information about action to be taken to minimise the chance of harm occurring. For example, the shower floor may be slippery when wet, the assessment detailed how to overcome this. This helped to ensure that the person was safe whilst showering.

Staff were aware of the reporting process for any accidents or incidents that occurred. We looked at records of accidents and incidents for the last year. Information recorded was detailed and appropriate action was taken. There was a incident reporting policy, this had a review date of April 2012. The policy included a reporting procedure and flow chart.

People who used the service had emergency call bells throughout their apartments and they also wore a pendant. If they rang this staff or management could speak to them through the intercom to check what was needed. One person who used the service was not keen on wearing the pendant, therefore the registered manager had sourced a more discreet bracelet that would be more suitable.

We saw a three week staffing rota for two weeks before and one week after the inspection day. There were sufficient

numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service. Staff were responsible for all people living in the building for domestic cleaning services and dining room services. Out of the nine staff employed, three or four of them were allocated to provide personal care throughout the day.

Staff we spoke with said, “There are enough staff on duty at all times.”

We looked at the recruitment records for six staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised in peoples homes. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers to make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults. We did not see evidence of photographic identification in five of the files we viewed. The registered manager said these staff members had started before they became the registered manager but would add a photo.

The service had relevant disciplinary procedures in place. There was no one subject to a disciplinary at the time of our inspection.

People were supported to take their medicines by being prompted or assisted. Each persons required needs were documented in their care plans. Medication administration records were not fully completed, dates were missing and there were gaps with no explanation as to why the medicine had not been administered. We were unable to track back to see if the person was away from their home that day due to no dates recorded on the MAR chart.

The area manager had completed quality audits that covered medicines but the audits did not highlight any of the issues we had found. The registered manager did not do any medication audits or any medicine administration competencies. The external trainer we spoke with said they had been asked to set up competency checks by Yourlife and these would be in place within the next six months.

## Is the service safe?

We found that the registered person had not protected people against the risk of recording information that is needed to protect peoples safety and wellbeing. This was in breach of regulation 20 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 17 (2) (c) (Good governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

# Is the service effective?

## Our findings

We asked a relative and people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, “Yes they have enough skills and training,” and “The staff could not be better they are very helpful.”

A relative we spoke with said, “They are fine although some have different levels of experience.”

Training was provided by an external training company. We were provided with a training matrix which highlighted gaps in training. Staff had not received Mental Capacity Act 2005 and Deprivation of Liberties training. Not everyone had received food hygiene training, even though they were working with food. We discussed this with the registered manager and they said a training plan was in place that took them up to October 2015 and these gaps in training would be addressed.

Staff we spoke with were not aware of the Mental Capacity Act (MCA) 2005 or the Deprivation of Liberty Safeguards (DoLS). The DoLS policy we saw had not been reviewed since July 2013, therefore this would not reflect the supreme court judgement that has clarified the meaning of deprivation of liberty, so that staff would be aware of what processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. At the time of our inspection no one using the service was deprived of their liberty.

Staff did not receive regular supervision and appraisal from their manager. These processes give staff an opportunity to discuss their performance and identify any further training they required. The registered manager said they had recently done one to one’s with staff but these were not documented as a supervision.

We found that [the registered person had not protected people against the risk of their health and welfare needs not being met because staff were not properly trained, supervised and appraised. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two people were supported at mealtimes to access food and drink of their choice. Lunch was provided in the restaurant, people could access this each day for a charge. For breakfast and tea the person was prompted to do it themselves or assisted with it. The registered manager said, “Each day is different, sometimes we go to their apartment and they can be up, dressed and eating breakfast, sometimes they will be just getting out of bed.” Not all staff had received training in food safety and so were not aware of safe food handling practices.

We asked the registered manager if they arranged healthcare appointments, they said, “On occasion we have had contact with GP’s, district nurses, rapid response and the start team.

We will contact a GP upon request but this is usually done by the individual or their family. In any situation where the individual is unable to make contact or the family are not available to do this we will follow home owner instruction or act in best interest. No escort services have been requested or provided to date for the three individuals.”

People’s care records included the contact details of their GP so staff could contact them if they had concerns about a person’s health.



# Is the service caring?

## Our findings

People who used the service were happy with the staff and they got on well with them. One person who used the service said, “We get on well, they know my funny ways,” and “Staff could not be better, they are very helpful, we have a joke together.”

A relative we spoke with said, “Staff are always very pleasant, they take good care of my relative.”

Staff were respectful of people’s privacy and maintained their dignity. Staff we spoke with said, “I always make sure the curtains are shut and keep them covered.” Another staff member said, “I keep communicating with them and let them know what I am doing at all times,” and “I always ring the door bell and wait for them to shout come in.”

The people who received personal care from the service had capacity to make their own decisions at the time of our inspection. People could add extra care packages as and when they felt they needed more. For example if someone wanted to add an extra half hours care a day to have a shower or a bath or to have laundry done.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. For example where someone just required a prompt to attend to their personal need or a prompt that it is tea time, staff would allow them to carry out this themselves only providing full support if and when needed.

All three people received one hour domestic assistance to clean their apartment each week, this was included in the service charge. There was also 24 hour management presence and day to day support, therefore if they were feeling poorly staff would deliver their pre booked lunch to their room and keep a check on them.

People who used the service said, “Its like a kind of holiday living here, it is pleasant.”

Staff we spoke with said, “I always chat whilst I am cleaning, it’s a lovely environment,” another said, “This is a nice friendly relaxed place, everyone cares, we do as much as we can for the people living here.”

# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Care plans provided details of support needed, the frequency and information on what and how to prompt and guide the person to do tasks. Each call time is detailed with what care is needed for example wash and dry feet, or just need help to wash back.

People preferences were detailed such as one person preferred to dry themselves in the bedroom after their shower.

The care plans stated that they would be reviewed every three months. Two care plans we looked at had passed the three month review by one or two months. We pointed this out to the registered manager who agreed to make sure they were reviewed.

We saw peoples daily notes, we found these were very detailed with descriptions of care given. They were dated, timed and signed.

A relative we spoke with said, "Things do change, we have added more care times as and when needed and this is never a problem," and "They changed the time slot for my relative as it was my relatives preference."

Two of the people who used the services said they enjoyed the social activities. One person said, "I enjoy the film night," and "There are lovely people here to talk to."

One relative we spoke with said, "There are now far more activities on offer."

The registered manager said, "We try and encourage people to come out of their apartments and access all the communal areas, all these areas belong to them, but it is their choice."

We saw that the service's complaints process was included in information given to people when they started receiving care. The complaints policy was due for review 31 December 2012, this had not happened. The policy detailed steps that were to be taken if a complaint was made with a flow chart. We saw the service had received one complaint in April 2014, this was dealt with appropriately.

We asked people who used the service and their relatives if they had every had to make a complaint. People who used the service said, "No I have never had to make a complaint, I do know how to though." Another person said, "No, never had to complain, if they have not done something quickly enough there are reasons." The relative we spoke with said, "I have never had to complain about anything."

We saw lots of evidence of compliments such as thank you cards.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since July 2014.

People who used the service said, “The manager tries to be helpful all the time.” Another person said, “The manager is a pleasant person.”

A relative we spoke with said, “The manager is fine with us, she is honest and has my relatives best interests at heart,” and “She runs it quite efficiently and has a tight ship, things seem organised.”

Staff we spoke with said, “My manager supports me, if I ever need anything they have been supportive, I can talk to them.” Another staff member said, “The manager is really good and supportive, all the duty managers are helpful.”

The area manager conducted monthly quality audits. We looked at the area managers audits, we found these covered all aspects required such as care plans, medication, health and safety and supervisions. Each month the service was scored with a percentage, but no action plan was provided. For example where they had received a percentage of 83% out of 100% there was no actions of what was needed to take place to increase this percentage. Therefore they were not learning from these audits. We discussed this with the registered manager who said they would work with the area manager to form an action plan to improve scores.

We asked the registered manager how they know people were benefiting from safe, effective and quality care. They explained they communicate with people on a regular basis. The registered manager said, “I will continue to ensure that the services that we can offer are well communicated to all home owners and their families. This, I believe, should reassure home owners and their families of the safety, security and professionalism that our service has to offer to them.”

Due to people living on site, the registered manager held resident meetings, we saw minutes from the meetings which were held in June, August and November 2014. Topics discussed at these meetings were security, staff, the restaurant and laundry.

The registered manager showed us a form they distributed around the service for people who used the services comments and feedback. No one had completed forms so there were none for us to view.

The service had recently done a restaurant survey, this was followed up with an action plan of what people had requested such as themed lunches and change of menu.

We saw evidence of staff meetings, two for 2014 and one so far this year in January, the next one was booked in for the 27 March 2015. Topics discussed were communication, sharing information, appraisals and new staff.

Staff we spoke with said, “We have staff meetings every one or two months, they raised lots of information and if we cant attend we always get the minutes.” Another staff member said, “The meetings are good, we have a voice and we are listened to.” We found no evidence of meetings taking place every one or two months.

The registered manager said, “I feel I have been an integral part in motivation the home owners to engage in and organise activities, hobbies and interests. I feel I have instilled the importance of maintaining Independence to all home owners. I feel I have encouraged and assisted to maintain a good team spirit throughout the team which has brought a positive vibe to Malpas Court.”

The registered manager was not clear on their regulatory responsibilities, such as what records needed to be kept for the people they provide personal care for. **We recommend the registered manager reads the providers handbook.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Records to evidence people had received their medication were not fully completed, policies were out of date and communication with people was not always documented.

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not have up to date training and were not receiving regular supervisions and appraisals.