

Yourlife Management Services Limited

YourLife (Glen Parva)

Inspection report

Glenhills Court
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Tel: 01162477533

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29 December 2016

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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

We inspected the service on 29 December 2016 and the inspection was announced. The provider was given 48 hours notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the manager would be available to speak with us.

Yourlife Glen Parva provides personal care to older people in their own homes within an assisted living development. At the time of the inspection there were three people using the service.

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

People told us they felt safe. Staff had received training and understood their responsibilities to protect people from abuse and avoidable harm. Risk assessments had been carried out and staff knew how to minimise risk. People knew how to raise a concern and could contact staff at anytime. There were a suitable number of staff to meet people's needs. Recruitment checks had been carried out so that as far as possible only staff with the right character and experience were employed.

People were supported to take their prescribed medicines in a safe way. Staff had received training and had access to policies and procedures about the management of people's medicine's. People were supported to eat and drink sufficient amounts. There was a communal dining room where people could choose to have their lunch. Staff supported people to access medical appointments and consulted healthcare professionals when required.

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 were able to make their own decisions. Staff had some understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent before providing support. People were treated with respect and had their privacy and dignity maintained.

Staff had received training and were supported to meet people's needs. They knew about people's likes and dislikes and the way they preferred to receive care and support.

People had their needs assessed and were involved in developing their care plan. There was a range of social and recreational activities on offer and people could use the communal spaces to socialise and take part in activities.

The provider had a complaints procedure. People said they would feel confident making a complaint if they needed to.

People and staff felt the service was well managed. There was a new manager in post at the time of our inspection. People who used the service and staff had confidence in them and felt supported.

People and their relatives had opportunities to give feedback about the quality of the service that they had received. The provider had processes in place so that checks were carried out on the quality of the service that was delivered.

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 were protected from abuse and avoidable harm. Staff understood their safeguarding responsibilities and knew the correct action to take if abuse was suspected. Risk was assessed and management plans were in place to reduce risk. Safety checks were carried out on equipment and on the premises.

Staffing numbers were sufficient to meet people's needs and help them to remain safe. Recruitment procedures were in place and checks carried out so that so far as possible only staff who were suitable were employed.

People had their medicines managed in a safe way.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received training and support.

People were asked for their consent by staff when offering their support.

Staff knew people's dietary preferences and requirements. They had access to healthcare services when they required them

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion. Their privacy and dignity was respected.

People were involved in making decisions about how their care and support was delivered.

People were supported to maintain their independence where this was important to them.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew them well. Care and support was personalised to meet people's individual needs and preferences.

People were supported to follow their interest's and take part in activities they enjoyed.

People knew how to make a complaint. The provider's complaints procedures were accessible.

Is the service well-led?

Good ●

The service was well led.

People had confidence in the staff and the management team. Staff felt supported and were clear about their role and responsibilities.

People were consulted and asked for their feedback and suggestions about the care and support offered to them.

The quality of service provision was checked and monitored in order to drive improvement.

YourLife (Glen Parva)

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 visit took place on 29 December 2016 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the manager would be available to speak with us.

The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service

We reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties such as the local authority and healthwatch. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us.

We spoke with three people who used the service. We spoke with the acting manager, an area manager, two support workers and the chef. We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the manager had undertaken. We looked at two staff files to look at how the provider had recruited and supported staff members.

Is the service safe?

Our findings

People told us they felt safe. One person said "Yes I feel safe, the girls come and shower me in the morning and make sure I am ok, and in the evening". People knew how to raise concerns. One person said they had an alarm bell they could use and that staff would respond. Another person said they would ask their family for support if they did not feel safe and felt sure that the manager would listen to them. Staff were available 24 hours a day within the assisted living development and people had access to an alarm call and could speak with staff through an intercom system. Daily security checks and health and safety checks were carried out. We saw that there were procedures in place for the safe handling of people's money. Staff told us that each transaction was recorded and signed for. This reduced the risk of financial abuse.

Staff knew how to recognise the signs of abuse and what action to take if they suspected it. They knew how to contact other organisations such as the local authority safeguarding team should they need to. Staff felt confident that their managers would take action if concerns were raised.

Risk was assessed and management plans were in place to reduce the likelihood of an accident or incident. People told us how risk was managed. One person explained how staff were worried about them slipping on the kitchen floor. A solution was found with mobility aids and this allowed the person to remain independent. There were positive risk plans in place for use of an electric wheelchair and use of hot water bottles. Staff respected people's freedom to take risks.

Staff were able to describe the action they would take in the event of an accident. They told us they would ring for an ambulance. They also had access to a duty manager at all times. There was an emergency file for staff to use. This recorded important information for staff to use in the event of incident or an emergency. The provider took action when an incident or accident happened. All accidents and incidents were recorded and reviewed by a senior manager and health and safety advisor so that action could be taken to reduce further risk.

Two people said that staffing numbers were sufficient to meet their needs. One person said that staff had too much to do. Staff told us they had enough time to meet people's needs. A staff member said "We are not rushed and have the time to spend with people". Staff had domestic, catering and care duties throughout each shift. There were staff on duty at all times. We found that staffing numbers were sufficient as there had not been any instances of care calls being missed. We were told that staffing numbers would be increased when more people began using the service.

Safe recruitment practices were followed to reduce the risk to people. Checks were carried out and references requested before employment was offered. This meant that so far as possible only people with the right skills, experience and character would be employed.

People were supported to take their prescribed medicines in a safe way. People told us they received the support they required. Staff had received training and had their competency assessed. Support with medicines was risk assessed and staff were knowledgeable about policies and procedures in place. The level

of support required was identified as assisting, administering or specialist. This helped staff to be clear about the support required and their role. People's care plans recorded the way people preferred to receive their medicines.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to meet their needs. One person said "The senior carer is very particular and is very good". Staff received training and support they required to meet people's needs. All staff received induction training when they first began working at the service and spent time working with an experienced member of staff. Staff had also achieved a nationally recognised qualification in care. Records of staff training showed they had received the training they required. For example, in addition to induction training staff had attended basic life support and training about supporting people living with dementia. Staff said they felt supported and had opportunities to discuss their learning and development needs with their manager.

People told us that staff asked for their consent before carrying out care and support. One person said "When I'm in my bedroom and they say morning are you ready?" They're very good". People's care records showed that people had been asked for their consent.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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.

Staff had received training about the MCA but had a limited understanding of how to apply this in practice. Staff were not routinely assessing people's capacity to make decisions but were clear about giving people choice and working in the least restrictive way. We were told that further training about the MCA had been arranged and that new documentation for mental capacity assessments and best interest decisions was being introduced.

People were supported to have enough to eat and drink. People told us that on the whole they managed their own food and nutrition needs. One person said "I have a kettle by my chair so I can get a drink when I need one". Another person told us "Someone comes in the evening and give me a sandwich and a cup of tea. I can choose. I prefer to buy my own food. People were able to purchase lunch at the communal dining room each day if they required.

We were told there was nobody using the service required any additional support with eating and drinking at the time of our inspection. We saw that people's likes and dislikes and dietary needs had been recorded and the catering staff were made aware of these. There were no religious or cultural diets being provided but we were told that this could be accommodated if requested.

People had access to the healthcare services they required. One person said "Well, I had one fall and they called an ambulance and they were very good". Records showed that changes to people's health had been

recorded and action was taken where required. For example, one person had sore eyes and their doctor was consulted and prescribed some medicine.

Is the service caring?

Our findings

People told us the staff were caring. One person said "Yes they are very caring, there is not one I would complain about". Another person told us, "Most staff go above and beyond what they are supposed to do".

Staff knew people well and knew how to support them in the way they preferred. Information about people's cultural and religious needs and the things that were important to them was recorded. For example one person liked to receive their medicine in a certain way and this was respected.

We asked staff how they made people feel that they mattered. They told us that they had good relationships with people who used the service. One staff member told us they made sure a person's tea station was always topped up so they had everything they needed to hand. They told us they took time to listen to people and talk with them about things that were important to them. Staff said they would recommend the service to people they cared about without hesitation. People told us they felt listened to and that communication was good.

People were able to make decisions about planning their own care. Records showed that people had been involved in developing their care plan. People told us about the care and support they received, they told us they were able to ask for the things they needed. People were able to maintain their independence where this was important to them. One person told us they preferred to do most things for themselves and this was respected.

People had their privacy and dignity respected. They said staff treated them with respect. One person told us that staff always asked for permission to come in. Staff were told us they had received training about protecting people's privacy and dignity. They were able to describe the ways they did this. A staff member told us they always knocked the person's door before entering their home and introduced themselves. They explained how they made people feel comfortable when receiving personal care.

People's sensitive information was kept secure to protect their right to privacy. The provider had a policy on confidentiality and staff understood it.

Is the service responsive?

Our findings

People told us that staff did the things they asked them to and were flexible. People had their needs assessed before they began using the service. A plan of care was then put in place for each assessed need. People's care plans were detailed and informed staff how to provide care and support in the way people preferred. For example, there was detailed information of how a person liked their mobility aids positioned at night and the things they were able to do for themselves. This meant that people received care and support that was personalised and responsive to their needs.

Staff were able to give examples of working in a personalised way so that people's individual needs were met. Signage was used to help orientate a person living with dementia to the time of day. Changes had been made to the persons call time to help them sleep better at night. The changes had been discussed with the person and their relative and had had a positive effect. People's personal history, experience and aspirations were recorded so that staff could support people to do the things that were important to them.

People's care records were reviewed so that staff had up to date information. Daily records were maintained about the care and support provided to them. There was also a communication book for staff to use to keep them informed about people's current and changing needs and important events. There was also a 'handover' at the beginning of each shift to inform staff of any changes so they could alter their support accordingly.

There was a communal lounge where people could meet up with their friends and family. There was also a function room available to hire and overnight accommodation for peoples friends and family. This helped people maintain relationships with people who mattered to them.

People were supported to follow their interests and take part in social and recreational activities. There was a range of activities on offer. People were consulted about the activities they would prefer. Staff were in the process of booking a trip on a boat as it had been well received the previous year and people wanted to go again.

Important information about people's social and cultural needs was recorded in their care records. The provider's 'service user's guide' detailed their equal opportunities approach and how they sought to respect people's diversity. The service user's guide was also available in accessible formats such as braille, large print, audiotape and other languages.

People knew how to make a complaint and felt comfortable doing so. One person said "There is a new manager and I spoke to him about the meals and he thanked me". The provider had a complaints procedure. This was clear and accessible and was given to people as soon as they began using the service. The manager told us there had not been any complaints. Staff we spoke with were knew how to respond to a complaint and who to report this to should one be received. We were shown thank you cards and letters from people and their families.

Is the service well-led?

Our findings

People and staff had confidence in the management team. There was a new manager and people had met him. One person said "I have met him and he is nice and well respected by the staff". Staff also had confidence, they told us the new manager had set up a series of meetings so he could meet people and communicate any planned changes. They told us that their managers were approachable and listened to them.

Staff told us they knew how to raise concerns and knew about the whistle blowing procedures. This meant that staff knew what to do if they had a concern about the service.

People told us they attended meetings and were asked for their feedback about the quality of the service. Records showed that people had been consulted about activities and about meals provided. People were encouraged to share their views and make suggestions. People were told about changes. There was a meeting scheduled for people to meet the new manager. At another meeting, fire safety was discussed and people were reminded about what to do in the event of a fire. Surveys were also sent out to ask for people's feedback.

There was a clear management structure so that staff knew about their roles and responsibilities. Senior managers were accessible and monitored the day to day running of the service. This included checking that staff followed the provider's policies and procedures.

The provider had a statement of purpose that was available to people, their relatives and staff. This included the aims and philosophy of the service. There was a clear vision and set of values which staff understood and followed. Staff told us that an aim was to support people to live as independently as possible in their own homes and people told us they did this.

The acting manager was in the process of becoming registered with CQC. They were aware of CQC registration requirements including the submission of notifications. Providers and managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. We found that there had been no incidents that required notification to us. The manager and area manager could describe in what circumstances they would need to send us a notification.

There were systems in place to monitor the quality and safety of the service being provided. There was an on-going programme of audits so that different aspects of the service were checked. Where shortfalls were identified action plans were developed. There was a health and safety advisor and a dementia advisor employed nationally by the company. We were told they were involved in the on-going monitoring of the service provision and were available to staff for guidance and advice.