

Yourlife Management Services Limited

YourLife (West Bridgford)

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 unannounced inspection was carried out on 03 July 2017. Your Life (West Bridgford) provides personal care to people living in their own accommodation in an assisted living development in West Bridgford. On the day of our inspection visit there were six people who were in receipt of personal care.

The service had a registered manager in place at the time of our inspection. 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.

People were supported by staff who understood the risks they could face and knew how to keep them safe. People were supported by a regular individual or group of staff who they knew and the staffing levels were kept under review. If needed people would be supported to take their medicines.

People were provided with the care and support they needed by staff who were being trained and supported to do so effectively. People's care and support was provided once consent had been obtained in line with the relevant legislation.

People were cared for by staff who understood their health needs and ensured they had sufficient to eat and drink.

People were treated with respect by staff who demonstrated compassion and understanding. People were provided with their care and support in the way they requested. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People used a service which was flexible in accordance with their needs. The registered manager provided leadership that gained the respect of staff and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

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 felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

Staffing levels were kept under review to ensure these met people's needs.

If people were unable to manage their own medicines support would be available with taking these if needed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were being trained and supported to meet their needs.

People's right to give consent and make decisions for themselves were encouraged and supported.

People were supported to have sufficient to eat and drink. Staff understood people's healthcare needs and would support them with these when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff who respected them.

People were involved in shaping the care and support they

received.

People were shown respect and courtesy by staff visiting them in a way that suited them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and could be confident any complaint they made would be responded to.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback and make suggestions about the experience of living in the assisted living development. Staff were able to express their views and felt these were listened to.

People used a service where staff were provided with leadership that motivated them to carry out their duties to the best of their ability.

YourLife (West Bridgford)

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 03 July 2017 and was announced. The provider was given 24 hours' notice because we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service, including their statement of purpose. We sent out survey forms to some people who use the service, their relatives, staff and healthcare professionals and we took their comments into consideration during the inspection.

During the inspection we spoke with four people who used the service and one relative. We also spoke with administrator, three care support workers, the registered manager and the area manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person told us, "I feel safe, I can contact someone if I need them. I trust the staff." Another person told us they found the staff to be "very good" and said they "feel comfortable with them". A relative also commented that they felt their relation was "perfectly safe" using the service. The registered manager told us there had not been any incidents where someone was at risk of harm so they had not made contact with the local authority about a safeguarding issue, but they had the details of how to do so if needed.

Care support workers were able to describe the different types of abuse and harm people could face, and how these could occur. Care support workers informed us safeguarding was included in their induction when they started work at the service and two care support workers told us they were to attend further safeguarding training later that week. Care support workers knew where and how to report any concerns. They told us they would report any concerns they suspected or identified during a visit to the duty manager, but they knew how to report the concerns directly to the local authority if they needed to. This meant there were systems and processes in place to safeguard people from harm and abuse.

People felt safe with the care and support they received. One person told us how they were supported at the pace they wanted which they told us helped them to be "independent and safe". The person also explained how they had been supported to use a walking aid. Another person told us that staff did what they could to help them. They added, "They are there to be helpful and on the whole I would say they are."

Care support workers were aware of possible risks to people, such as poor mobility and the risk of falling. They spoke of following risk assessments to keep people safe and making a record of any incidents that did take place. The registered manager told us they would arrange for an occupational therapist to carry out an assessment if this would help the person or identify any equipment that could assist them. They also informed us that safety checks were carried out to ensure the building was safe. These included checking all the fire safety equipment was in working order and that systems were in place to check the safety measures were operating effectively. This meant measures were implemented to protect people from risks associated with their care and support and the environment.

People told us they received their care and support from a small group of regular care support workers. They told us that they came to see them at the time they expected. One person added that this was "most of the time". Another person said, "I know them all well" which was also a view expressed by a relative.

Care support workers told us there were enough staff available to provide the care visits needed each day. If anyone was off work then they were covered by a care worker working additional hours or the duty manager would step in and cover. The registered manager told us they increased the number of staff as they provided more people with a service. The area manager said there was "no ceiling" on the number of people living in the housing development who could use the service and they would increase the staffing numbers according to demand. This demonstrated that there were sufficient numbers of staff to meet their needs of people who used the service.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. A recently appointed care worker described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People who used the service were able to manage their own medicines, but support was provided if someone needed this. Some people were provided with support to have prescribed creams applied to ensure these were applied as intended. Care support workers told us they made a record to show these had been applied when needed. A sample of these records we reviewed had been completed correctly.

The registered manager told us although the people who used the service were able to manage their own medicines at present, if they needed any support with this in the future it would be provided. Staff were provided with training on the safe handling and administration of medicines and the registered manager said if they provided people with support to take their medicines then staff involved would be assessed to ensure they were competent at providing this support.

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. During our conversations with people who used the service and a relative they told us staff appeared to have had the training they needed. One person told us, "They look as if they have been trained." Another person said that there was a lot of training going on as this was a fairly new service. A relative told us that new staff were accompanying more experienced staff on calls to provide them with "training on the job".

Care support workers told us they were provided with the training and support they needed to carry out their work. New staff were provided with an induction when they started to work at the service. Care support workers told us this had helped prepare them for the work they were expected to undertake. Once the initial induction was completed care support workers undertook the Care Certificate, which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Care support workers told us they had received some of the training they needed and were due to attend some further training later in the week. The registered manager explained that as a new service they were still developing their training arrangements, which would involve having staff who were trained to deliver training on site so new staff could be provided with this training straight away. However in the meantime staff were accessing training at other housing developments belonging to the same provider. The staff training records showed which training staff had already received and what training was still needed. The registered manager explained that once staff had attended the training days at another housing development later in the week they would have received the majority of the training deemed as necessary by the provider.

Care support workers were able to discuss their work and personal development with one of the managers. In addition care support workers felt able to seek advice and support when they needed this. One care worker told us, "How nice it is to be supported." They added, "When you need support you have it." Care support workers also spoke of being encouraged to work as a team.

People had their rights to be asked for their consent and make decisions for themselves promoted and respected. People told us they were asked for their consent before they were provided with any care. One person told us that care support workers always asked them for their consent because, "I am independent, they accept that."

Care support workers told us they obtained people's consent before providing them with any care or support. They showed an understanding that people may not always want to receive their care and support as planned. One care worker said they were aware someone may not be feeling up to something and that everyone they supported "had capacity to make these decisions for themselves".

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. The registered manager told us there was not anyone who used the service who did not have the capacity to make decisions and consent to their care for themselves, but they knew how to comply with the MCA if the situation arose.

People were able to prepare meals in their accommodation or choose to join in a daily communal lunch and tea held in the communal dining room. Some people did this daily whereas others chose to do so occasionally. One person told us they, "Sometimes cater for myself and other days I go to the dining room." Another person said, "I'll make my own snacks but I have my meals in the dining room."

Care support workers told us it was down to people's preferences where they had their meals but added there was not anyone who was unable to decide for themselves. A care worker said they ensured people who wanted to have a communal meal had booked this and had made a menu selection. The registered manager said they had not needed to offer any direct support with people's nutritional intake other than maybe reminding someone to book a meal or when it was the mealtime. The registered manager described the action they would take if this was necessary, which included monitoring people's food and fluid intake as well as contacting relevant healthcare professionals if needed. They also told us there was not anyone who required a specific diet for cultural or religious reasons, but they ensured the central kitchen staff were aware of any health related dietary requirements.

People were supported by care support workers who understood their healthcare needs and knew how to support them with these. People told us when needed care support workers would call a doctor and were supportive if they felt unwell. One person told us they had asked a care worker to call a doctor for them that day which had been done. Another person said how care support workers would ask how they were feeling and would make any arrangements needed for them to access healthcare services.

Care support workers told us most people managed their own healthcare or did so with the support of a relation, but they would assist if requested to do so. The registered manager told us they monitored any healthcare concerns and recorded how people were feeling. They said, "As a general rule people manage their own healthcare but we can assist if we need to." In the entrance foyer there was information about healthcare services available locally people could refer to.

Our findings

People who used the service described care support workers as caring, confident and capable. One person told us, "I would describe the staff as caring, even if they have not got a lot of experience." A relative told us, "I would say they show us the right values." People also told us they found the care support workers to be thoughtful.

Care support workers told us they enjoyed their work and described their motivation for doing this which included being caring and wanting to help people. One care worker told us that they liked to, "Bring a smile and make people happy." The registered manager explained that they looked for staff who displayed "the right qualities" when they were recruiting new staff. The registered manager also said they received a lot of positive feedback about care support workers from the people who used the service.

People told us they received the care and support they wished to and they were able to make choices about this. One person explained that care support workers provided them with the support they wanted them to, and another person said, "We did a care plan together, I agreed to it."

Care support workers told us they provided care in different ways according to people's wishes. This included visits being of varying duration and frequency and at different times. The care manager told us they completed people's assessments and care plans with them and they had opportunities to agree or amend these if needed. The registered manager also said that people could choose to have anyone else they wanted involved when they were preparing these.

There was no one who used the service at present that had the support of an advocate. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt they were treated with respect and that care support workers were polite and respectful. One person described the care support workers as being, "Sensitive with how they support me." A relative told us they found care support workers to be "always respectful".

People who used the service lived in their own accommodation within the assisted living development. There was a team of care support workers who would provide any assistance with personal care people needed to maintain them living independently. Care support workers described knowing about people's preferences and choices. For example each person had a doorbell to their accommodation. They said some people liked them to ring the bell and then come in, but others preferred for them to wait until they

answered the door. When we visited some people in their accommodation we saw care support workers knew how people preferred them to enter and did as they wished.

Our findings

People had their needs assessed so plans could be made to ensure staff knew how to provide them with the care and support they required. People had a copy of their care plan in their accommodation which they told us described the care and support they needed. Care support workers told us people's care and support plans provided the detail they necessary to meet people's needs and that these were kept up to date. They told us they found the plans were clear and easy to follow. One recently started care worker said these had helped them to "get to know people."

The registered manager told us there was a system where people's care plans were updated every six months or sooner if needed. We noted one care plan should have been updated due to a person's change in circumstances and the registered manager said they would ensure this was done. Care support workers explained how they left messages for the duty manager if they noticed any changes and if there were any changes made to a person's care plan they were left a message informing them of this.

People told us they received the care and support that had been planned for them and this met their needs. They also said they were happy how this was provided. One person told us the care support workers, "Do all they can do" and another person said care support workers, "Meet my needs."

Care support workers described responding to people's needs as planned and we saw those on duty discussing how they were going to manage the calls needed during the morning. There was a system in place to ensure care support workers knew about any changes to people's appointments, for example if a person was going out that day so would not require their call as planned.

People had opportunities to mix with other people who used the service socially and to take part in some organised activities. People told us about meeting for an after dinner coffee with others and also spoke of going out to the local shops and other amenities. There was a communal lounge where people could congregate together and various games were available for people to use. There were organised clubs for people to take part in such as scrabble and bridge, and a weekly film night was held. There were leaflets available about local amenities and any planned forthcoming entertainment.

People were provided with information on what to do if they had any concerns or complaints with the service and this emphasised that complaints were welcome in order to improve the service provided. One person told us, "Of course I could complain, it goes without saying if I was not satisfied." People were provided with a copy of the complaints procedure when they started to use the service. This clearly stated

that people were encouraged to make a complaint if something was not right for them and that they would not suffer any discrimination for doing so.

Care support workers were aware that people were informed of how to make a complaint when they started to use the service. Care support workers told us they would pass on any comments people made to them. They said the most common comment was about the catering and there was a comments book in the dining room they could write in. The registered manager said they had not received any complaints about the part of the service they managed that was regulated by CQC, but they had acted upon some other complaints that had been raised, for example issues with the accommodation.

Our findings

People who used the service and the relative we spoke with felt the service was well run and had a positive culture. One person told us they found the service to be "fairly efficient". They added that whilst things could always be improved they were "overall happy with the service" they received. Another person said the service was "very good". A relative told us they thought the service was "run very well" adding that "staff seem to be on the ball".

Care support workers spoke of the service being positive and well run. They said they felt able to make comments and suggestions and had attended staff meetings. One care worker told us the area manager had attended the last staff meeting and told them that if there was anything they wanted to know they could ask, which they had found to be positive. We saw minutes for staff and management meetings and these showed relevant issues about the service had been discussed. Staff were also involved in monthly discussions about developing the service and making suggestions on ways of doing this to identify ways of making the service safe, effective, caring responsive and well led.

The registered manager told us there was a handover meeting at every shift change to pass on any information staff coming on duty needed to be aware of. In addition there was a message book used to pass on other information. This ensured staff had access to accurate and up to date information about the people they supported. Care support workers were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service, but the registered manager was in the process of sending one to us.

People who used the service told us that they saw the registered manager regularly and they felt able to approach him if needed. The registered manager told us they normally worked each weekday and there was a duty manager present in the housing development at other times. Care support workers described the registered manager as being "very approachable" and having a 'hands on' approach. Care support workers also said that there was always the registered manager or a duty manager present in the housing development they could contact if they needed any help or advice.

People were able to make comments and suggestions about the about the housing development. The registered manager told us there was a home owners' committee, which could include people who used the registered part of the service. One person who used the service told us they planned to attend these meetings and a relative told us they had already done so. Survey forms were sent out to all people who lived in the housing development and staff asking them for their views on the service they received. There was a suggestion box in the reception area and the registered manager told us one suggestion had been to arrange a cream tea during the forthcoming Wimbledon tennis tournament, which had been planned.

We discussed with the area manager that these methods of obtaining people's views, comments and suggestions involved everyone who lived in the housing development. This therefore did not provide an opportunity for people who used the registered part of the service, which was the subject of our inspection, to comment separately about this. The area manager said they would take this issue back for discussion with the senior management team, as this could mean that opportunities to improve the care services may be missed.

The registered manager told us each person who used the service had a quality assurance visit after the first six months, which was then followed by an annual review. There were systems in place to audit the services provided. These were undertaken by the registered manager and the area manager. We reviewed care plan and other audits that had been completed on a regular basis to ensure these were being completed correctly. One care worker told us they had been reminded to "sign it and time it" when completing records.