

# Yourlife Management Services Limited

## Weighbridge Court

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 25 February 2016.

Weighbridge Court provides personal care for older people living in a purpose built complex where there are individual privately owned, self-contained apartments. There was a restaurant on site that provided meals if people chose not to prepare their own meals.

There were nine people receiving personal care when we inspected.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

The provider had systems in place to support people to take their prescribed medicines safely.

People's consent was appropriately obtained by staff when caring for them. Care plans were in place which detailed the care people wished to receive.

People had the choice to have their meal purchased from within the housing scheme.

People told us they looked after their own healthcare appointments as required to meet their needs. Care staff would then follow any advice as required.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and drive improvement.

## 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.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation.

Staff supported people to take their medication safely.

### Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People had access to healthcare professionals when they required them.

### Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences

### Is the service responsive?

Good ●

The service was responsive.

People had their support and care needs kept under review.

People's choices and preferences were taken into account by staff providing care and support.

Concerns and complaints were investigated and responded to and used to improve the quality of the service.

**Is the service well-led?**

The service was not consistently well-led

Staff did not always feel valued and supported by the organisation.

There was a visible and committed manager who listened to people and staff and involved them in the service

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

**Requires Improvement** 

# Weighbridge Court

## **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 25 February 2016 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available to speak/meet with us. The inspection was carried out by one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

On the day of the inspection we spoke with the registered manager and the area manager at the agency's office. We spoke with three people who used the service and three staff. Following our inspection we made telephone calls to three relatives.

We looked at four people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

# Is the service safe?

## Our findings

All people we spoke with told us that they felt safe when receiving support from staff. One person told us, "Staff keep an eye out for people". Another person said, "I know I am safe living here the staff are really good checking on me."

Some people chose to wear a personal alarm on a pendant which they could press to alert staff if they needed assistance. The communal main entrance had security access and video system for people to see who was calling. People and their relatives could access the apartments independently.

Staff were knowledgeable in recognising the signs of abuse and the related reporting procedures. Any concerns about the safety or welfare of a person were reported to the registered manager who assessed the concerns and reported them to the local authority's safeguarding team as required. Staff we spoke with were knowledgeable about safeguarding and could detail what they would do in a safeguarding situation. One member of staff told us "We do safeguarding training annually I would not hesitate to speak with the manager the local authority or if necessary the police." This training ensured that staff had the skills to recognise abuse and knew how to respond appropriately.

Safe recruitment procedures were in place to ensure staff were suitable for the role. This included the required checks of criminal records, work history and references to assess their suitability to deliver care. All staff attended an induction and shadowed staff until they were confident in their role.

People told us there was always enough staff to support them. One person told us, "They are always here when I need them to be." We looked at the rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. However, on occasions such as staff sickness or annual leave if staff could not cover the shifts the duty supervisor had to cover the care calls rather than be a floating staff member, which could cause a problem if there was an emergency, as they may have to leave a person in the middle of a care call. Staff told us they were concerned about this, we passed their concerns onto the manager and were informed that they were aware of this and are actively recruiting for a person to cover these shifts.

People's medicines were managed so that they received them safely, although the majority of people managed their own medicines and these were stored in their apartments. Some people did receive support to take their medicines, for example, one person needed to be reminded by staff to take their medicines at particular times of the day.

We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the medication administration record (MAR) charts in people's homes and the process they would undertake. Staff received a detailed medication competency assessment on a regular basis.

There was a system in place to identify risks and protect people from harm. Risk assessments were in place in people's care plans for areas such as moving and handling, nutrition and personal care. Where risks were

identified, care plans were put in place for staff to follow. These provided information on how to keep people safe and support their independence.

## Is the service effective?

### Our findings

People were supported to have sufficient to eat and drink and to maintain a balanced diet. There was a restaurant on the ground floor of the building and people could choose to eat meals there or in their own flats. Most people preferred to use the restaurant at lunchtime and eat breakfast and evening meals in their apartments. One person told us, "It is lovely having the choice to use the restaurant or not and see others who live here."

The restaurant and catering staff were managed by an external organisation. There was a choice of menu available and people's diverse needs were catered for. The registered manager told us "We take into account people's preferences and dietary needs when they move in and the chef has all the details of people's preferences. People told us, "The food is good we have a menu to choose from." Drinks were available at all times of the day and there was an area in the communal lounge where people could help themselves to a choice of hot or cold drinks and biscuits.

People were supported by staff who had the knowledge and skills required to meet their needs. Records showed staff were up to date with their training in topics such as moving and handling and medication. The training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable and skilled in their role. All staff had achieved at least Level 2 in a recognised qualification in Health and Social Care. This demonstrated that the provider was committed to ensuring staff received training specific to meeting the needs of people who received a service.

Staff were aware and had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). One member of staff told us "In safeguard training we covered mental capacity, it's about whether people can make their own decisions or may need support". People's care plans showed people were involved in a continual basis in their care and signed to show they had consented to the support they received. No one was subject to a DoLS at the service and the manager showed an understanding of their responsibility in relation to this.

Most staff had regular supervisions throughout the year and an annual supervision which gave them an opportunity to discuss how they felt they were getting on and any development needs required. However, one staff we spoke with had not had a formal supervision for some time and records confirmed this, however, they did say they were able to speak with the manager at any time. We mentioned the fact that a formal supervision had not taken place to the manager, who told us that this would be rectified and the area manager said she would support the manager with this. Staff told us the manager was supportive of them and always available to offer guidance and support.

We were told by the manager that she carried out unannounced spot checks on the staff. This was to ensure that the quality of care being delivered was in line with best practice. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial.

We were told by people using the service and the registered manager that most of the health care



appointments and health care needs of people were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

## Is the service caring?

### Our findings

People who used the service were happy with the staff. One person told us, "The manager and staff are all lovely, they help me to be independent as much as possible and really caring." One relative told us, "My [relative] is happy they get on well with the carers and are treated with respect." Staff were respectful of people's privacy and maintained their dignity. One staff member told us "We always knock on someone's door and wait for them to answer before we enter." Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety.

Staff all spoke about how they promoted people's independence. One member of staff told us "We help people to maintain people's independence we are here to assist people to care for themselves." Staff we spoke with showed passion in their roles and all confirmed that they encouraged independence for people in their own apartments. One told us "We are a small team but we really care, keeping people's independence is a priority to us as people want to stay living as independently as possible."

People were involved in making decisions about their care. People told us they were aware of their care plans and had input into them. We saw evidence that care and support plans were personalised to the individual to facilitate individualised care. Care plans were reviewed every three months or when a person's care needs changed. Reviews involved the person, family members and health care professionals if required and where people's needs or preferences had changed these were reflected in their records.

People told us that their visits were not rushed and that staff took time to chat to them about everyday things.

## Is the service responsive?

### Our findings

People told us that they were supported to express their views and had a say in how they wanted to be looked after. One person said, "They do everything I want them to do I only have to ask."

We were told that the service was very flexible and could respond quickly to changes in people's needs. We observed the service responding to changes in one person's requirements and increasing the levels of support due to deteriorations in their health.

Each person had their needs assessed before care was provided. We saw that people had a care plan in place which was signed by the person. The plans detailed key contacts such as family, GP, district nurse and other relevant professionals.

The plans were informative and outlined clearly the levels of support required. The plans reflected individual's views and prompted the carer to ask the person about their care and to offer choices.

A range of activities were provided on the premises and people were supported to access these, if they wished.

We saw that the care plans were regularly reviewed and had been updated to take account of changes. Staff confirmed that any changes were communicated to them without delay during shift handover. For staff that were not on shift that day a communication book was used.

The duty manager had oversight of the care on a daily basis and people told us that communication between staff was good and that they worked as a team.

People told us that they knew how to make a complaint and expressed confidence that issues if they arose would be addressed. Everyone we spoke to told us that the management were approachable and accessible. One person said, "[Manager] asks me if I have any complaints but I haven't." Another person said, "If I had problems I would talk to [manager] she knows me really well."

We saw that the complaints procedure was displayed but were told that no complaints had been made. The manager told us that they tried to deal with issues at an early stage but confirmed that should a complaint be made it would be used as a learning opportunity.

## Is the service well-led?

### Our findings

Staff told us that the manager was approachable and kept them informed of any changes to the service or the needs of people. However, when issues of concern had been escalated to the wider organisation staff did not feel that they had been communicated with as openly as they could have been.

The staff told us they did not participate in a regular staff meeting which they felt would have given them an opportunity to share information and good practice. This would also have been a time when all the staff could come together once a month to increase staff morale and wellbeing especially as staff lone worked and worked different shifts. We discussed this with the manager and area manager and it was agreed that the area manager would support the manager with facilitating these meetings.

Staff were given questionnaires to complete but where concerns had been raised and passed onto the provider they had been investigated but feedback had not been given to the staff. We discussed this with the provider and it was agreed that they would arrange to meet with staff to give feedback on concerns that had been raised.

The agency had a clear management structure in place. The manager was able to demonstrate a good understanding and knowledge of the people who received a service from the agency as well as the staff team.

The provider used a range of ways to seek the views of people who used the service. As well as talking to them on a regular basis they sent surveys to relatives and professionals to seek their views and opinions. We saw the latest questionnaires which had been sent out to people asking them if they felt their privacy and dignity was being maintained and if they were happy with the care staff. People made positive comments about how the service they received was managed. One person had commented, "I have regular visits to check I am happy with everything." The manager told us they listened to people's feedback and looked at ways they could make improvements. Although there were no significant complaints, they took minor concerns seriously, acted on them promptly and used them to improve the service.

Care files and other confidential information about people kept in the main office and stored securely. This ensured people's private information was only accessible to the necessary people.

People told us that the service was well managed and the care they received was good.

The service had clear aims and objectives. These include supporting people to be as independent as possible in their own homes. These aims were understood by staff and the feedback we received was that they were putting these into practice. People were positive about the support that they received and told us that the approach was person centred and inclusive.

The registered manager understood their responsibilities and was supported by a number of duty supervisors who were on site 24 hours a day. Staff were clear about what was expected of them and were motivated and positive about their role.

The manager monitored the quality of the service by regularly speaking with people to ensure that they were happy with the service they received. Reviews were also used as an opportunity to discuss people's experience and identify any learning. We observed comments made on review documentation. Observations were undertaken on carers practice on a regular basis and issues taken forward through the supervisory process. The area manager undertook visits to the service and sampled documentation such as care plans.