

Yourlife Management Services Limited

Yourlife (Bromsgrove)

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

About the service: Yourlife provides personal care to people living at Bilberry Place, Bromsgrove. People own their own homes within the development and Yourlife provides care for those people who need it. At the time of our inspection, four people were receiving personal care from Yourlife.

People's experience of using this service:

People were positive about the care they received from Yourlife. People told us they got on well with staff and that staff were respectful and kind. People were living independently and most needed minimal support with their personal care. However, people were involved in care planning and reviewing their care to ensure it met their needs.

Staff were positive about the support and training they received and told us they worked well as a team. There wasn't a registered manager in place at the time of our inspection but staff felt confident they would be able to talk to someone within the organisation if they had any issues or concerns.

There had been no formal complaints in the last 12 months. People had access to the complaints procedure if they needed it. There were activities taking place at the accommodation, however these were organised and funded independently by people living there.

There was a person centred culture within the care provided. Care plans were clear and gave good information about the ways in which people wanted to be supported. There were systems in place to monitor the safety and quality of the service provided. Leadership and management cover had been provided whilst a new registered manager was recruited.

Rating at last inspection: This was the first inspection of Yourlife, Bromsgrove since they registered with the Care Quality Commission.

Why we inspected: This was a scheduled, comprehensive inspection

Follow up: ongoing monitoring

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Yourlife (Bromsgrove)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one Adult Social Care inspector.

Service and service type:

At the time of our inspection, the service did not have a manager registered with the Care Quality Commission. Recruitment to the post was in progress. In the interim, the service was being supported by a 'duty manager' from other services within the region, on a day to basis. Further support was provided by the area manager and a peripatetic manager.

Yourlife, Bromsgrove provides personal care to people within a housing development for older people.

Notice of inspection:

We gave 48 hours' notice of our inspection. This is so that we could be sure there would be a senior member of staff available to support the inspection.

What we did:

Prior to the inspection we reviewed all information available to us. This included the Provider Information Return (PIR). This is a form completed by the service to describe their service, what they are doing well and areas they plan to improve.

During the inspection, we spoke with all four people receiving personal care and two spouses. We spoke

with the duty manager, area manager, peripatetic manager and quality assurance manager. We spoke with two members of staff who were available during our inspection and all other staff were contacted by email following our visit. We reviewed four people's care plans as well as other documents relating to the running of the service such as quality audits, training and supervision matrices and recruitment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults and told us they felt confident about identifying and reporting any concerns they had.
- We saw an example of when concerns had been acted upon in order to protect people using the service and decisive action taken to manage the risk.

Assessing risk, safety monitoring and management

- People told us they felt safe receiving care from Yourlife. As part of their care package, people had emergency support if needed, for example if they fell and needed urgent assistance. We saw that people had an alarm they could use if they needed to urgently contact someone.
- There were risk assessments in place to guide staff in providing safe care and support. These covered important areas of people's needs such as safe moving and handling procedures to follow. There were also assessments in place for the environment in people's homes, to help ensure they were a safe area to work in.
- People confirmed that staff arrived at the times they were expected and never experienced missed calls.

Staffing and recruitment

- There were sufficient numbers of staff to ensure people's needs were met. The amount of personal care required at the time of our inspection was low. However, the manager told us they would recruit for more staff in line with the demands of care packages if this was necessary.
- The service was currently recruiting to the registered manager post at the service. The manager told us they wanted to ensure the right person for the role and for this reason, recent applicants had been unsuccessful. In the interim, management cover was being provided by other managers within the organisation.
- Robust recruitment practices were followed to help ensure the suitability of staff for their role. This included a Disclosure and Barring Service (DBS) check. The DBS check identifies people who are barred from working with vulnerable adults and whether they have any convictions that needed to be considered. References were sought from previous employers.
- Photographic ID was in place in some files. We discussed how it is a requirement in law to have photographic ID on file for all staff. The quality assurance manager told us that occasionally staff didn't have a driving license or passport but they had company procedures to follow in this instance.

Using medicines safely

- There was clear information available in people's files regarding the level of support they required with

their medicines.

- For those people managing their own medicines, there was an assessment in place to ensure this was safe for them to do so.
- There was a list of medicines that people were prescribed included in their care documentation.

Preventing and controlling infection

- People lived in their own home, although staff from Yourlife were available to help with cleaning their home, if this was what people wanted.
- Staff had access to personal protective equipment to use whilst delivering personal care.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed so that any themes could be identified and responded to.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Overall the level of people's personal care needs was quite low at the time of our inspection, however there was clear information in people's files about the support they needed. This was reviewed when a person's needs changed.

Staff support: induction, training, skills and experience

- Staff were positive about the training they received. New staff joining the service, who had no prior care experience completed the Care Certificate. This is a programme that staff follow to ensure they have at least the basic skills and knowledge required to work in the care sector.
- Training that was considered mandatory by the provider, included safeguarding, medicines, food hygiene, fire safety and equality. Other topics were covered in addition to this, such as dementia and managing behaviours associated with dementia.
- Staff received regular supervision. This could be in the form of staff meetings, one to one meetings or spot checks whilst delivering care. We saw records of these supervision sessions in staff file files. We were told checks of staff performance could be increased if there were any concerns about them.

Supporting people to eat and drink enough to maintain a balanced diet

- People lived independently and so there was no one who required full support with nutrition or preparing meals. Staff were able to take meals to people's rooms from the restaurant if requested.

Staff working with other agencies to provide consistent, effective, timely care

- Yourlife was the only agency based at the service, however some people did choose to have care provided by other agencies in addition to the service provided by Yourlife. In this instance staff would liaise if necessary to ensure the care met people's needs.

Adapting service, design, decoration to meet people's needs

- People owned their own homes within the development and so were able to decorate and furnish according to their needs and wishes.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's needs were being met. For one person, staff were working with the Occupational Therapist to ensure their moving and handling needs were being met. We saw that a review of the person's care had taken place to discuss the issues.
- Staff weren't able to accompany people to appointments; however, we did see that staff gave support if needed to arrange transport. During our inspection, one person needed to get to a health appointment but

their transport failed to arrive. The duty manager supported them to book a taxi and phoned through to the surgery to explain the person would be late.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- Staff received training in the MCA and understood the principles of the legislation. They understood the need to gain consent before carrying out any aspect of care.
- Information about people's capacity to make decisions was included in their care documentation. If people had a Power of Attorney appointed (PoA), details of this were recorded in their notes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw evidence of positive relationships between staff and the people they supported. Feedback from people receiving care was in the main very positive with comments such as "they are wonderful", "they are efficient, hardworking and kind. I can't praise them highly enough" and "they are all good, we have a laugh".
- There was nobody at the time of our inspection who used a first language other than English. However, the manager told us that paperwork in other languages and formats could be provided if necessary in line with the Accessible Information Standard.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in decisions about their care. Reviews of care packages took place so that people could voice their opinions and request any changes they wanted.
- People using the service were invited to be part of the recruitment panel for the registered manager post.
- Service user meetings took place where people were kept up to date with any important developments in the service. People were able to give their views and opinions on the service provided.

Respecting and promoting people's privacy, dignity and independence

- Although feedback about staff was predominantly very positive, one person fed back that they felt staff weren't always 'respectful', they didn't give us any further detail about this however we fed it back to the manager.
- We saw that staff were helpful and spoke to people in a kind manner. One person was concerned about their laundry and the member of staff immediately went to check on it for them. Another person came to the office looking for staff, who dealt with their enquiry immediately.
- It was clear in people's care plans what they were able to do for themselves and the areas of personal care they required support with. The service was aimed at supporting people to remain as independent as possible in their own home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had clear, person centred care plans in place to inform staff of the ways they wanted to be supported. These detailed the particular routines people liked to follow and included information about their life histories.
- The manager told us that care could be flexible and support increased if needed, for example if a person had experienced an illness or hospital stay.
- As part of their care package people were given 1 hour support they could use as they wished. Most people chose to use this for support with cleaning their flat.
- Activities at the service were organised and financed by people living at the service. Local trips were organised according to people's wishes. There were also events such as music and cinema evening taking place regularly. These were open to all living at the scheme.
- If people had any religious or cultural needs, these were recorded in their care documentation.
- Through our conversations with people, it was evident they weren't always clear on what they could expect from their care package. For example there was some misunderstanding about what was covered within the 24 hour emergency care aspect of people's support. We fed this back to the manager, who agreed that this was something they would address to ensure that people's understanding of the service and their expectations were clear.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people were given a copy of this to keep in their own rooms. There had been no formal complaints made to the service in the last 12 months.
- People told us they had no complaints but would discuss them with staff if they did.

End of life care and support

- The manager told us they would support people at the end of their lives if it was their wish to stay in their own home. There were links with a local hospice who could provide advice and support at such time it was needed.
- There was documentation in people's files in relation to advanced planning of their end of life wishes. This hadn't been completed for everyone as the manager recognised the sensitivity of these discussions and felt that it wasn't the right time for them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a person centred culture within the service and people were positive about the service they received.
- People using the service were living independently and some also had support from family and their spouse, therefore the level of support they required from Yourlife, in most cases was minimal. However, their care was reviewed regularly with the chance for people to give their views and opinions on the service and the support they received.
- When people's needs changed, this was identified and acted upon by the service so that the correct support could be put in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- There was a national quality assurance manager who was responsible for overseeing quality and safety at the service. Managers at the service completed monthly reports with key information about what was going on at the service and sent these to the quality assurance manager. Data, in relation to incidents and accidents and safeguarding was recorded so that this could be monitored and action could be taken to prevent recurrence.
- Medicine and care plan audits were completed regularly and we saw that these identified areas for improvement, such as clearer recording.
- The quality assurance manager told us they undertook an annual audit of each of their services and that Yourlife Bilberry place was due shortly. We saw the format of this audit and that it linked closely with the five areas that the Care Quality Commission inspect.
- Quality monitoring included gathering opinions from people in the form of a survey.
- Managers had the opportunity to attend events run by Skills for Care. This is a national organisation supporting learning and development within the care sector.
- There were also regional meetings for Yourlife managers, where they could share ideas and good practice.
- There was a national conference each year for Yourlife staff, with relevant workshops and talks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager told us that at other services within Yourlife, they were trialling a 'hub project'. The project

was looking at community links and how these could be built. It was hoped that the project would be rolled out to other service, including Bilberry place.