

## Yourlife Management Services Limited

# YourLife (Shrewsbury)

#### **Inspection report**

Stiperstones Court 167-170 Abbey Foregate Shrewsbury Shropshire SY2 6AW

Website: www.yourlife.co.uk

Date of inspection visit: 20 July 2017

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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 inspection took place on 20 July 2017 and was announced.

YourLife (Shrewsbury) is registered to provide a domiciliary care service to people living in their own homes within an assisted living complex called Stiperstones Court. This inspection only focused on the domiciliary care service and not the accommodation. There were two people using the service on the day of our inspection.

The service is required to have a registered manager in post. A registered manager was in post and was present during 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.

The provider had policies and procedures in place for staff to follow which gave them the information to protect people and keep them safe. Staff understood how to protect people from abuse. They had received training in types of abuse and to whom any abuse should be reported.

People were supported by enough staff to meet their needs. The provider followed recruitment practice that made sure that staff who provided care were suitable to work in people's own homes.

The provider had systems in place to support people to take their medicines if this was part of the care plan. Only staff who had received training and been assessed as competent would be able to support people with their medicines. No one was receiving this service at this time.

The provider trained staff to provide them with the skills and expertise to meet people's needs. Staff were given the opportunity to update their knowledge through regular planned training. Managers supported staff in their role through observation, supervision and appraisals.

Staff sought people's permission before they helped them with any care or support. People exercised their right to make their decisions about their support needs. People were supported by staff who knew them well and had good relationships with them.

People were involved in their care and staff and managers listened to what they had to say. Staff treated people with dignity and respect and understood why these were important values in their role as care staff.

The registered manager reviewed people's care needs regularly. They responded to any changes required. People knew how to raise complaints with the registered manager. People were able to speak to managers on a daily basis to air their views. They were able to give their opinion on their services formally through questionnaires.

The provider had systems to monitor the quality of the care provided to people. The outcomes of these wer used to drive improvement in the personal care service.

#### 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 supported by enough staff who were trained to recognise and protect people from abuse. Where risk to people's safety was identified, plans were in place and followed to help minimise these risks. Is the service effective? Good The service was effective. Staff were trained to give them the skills and knowledge to meet people's needs. Staff enabled people to make their own decisions with support as required. People were supported to access healthcare from other professionals. Good Is the service caring? The service was caring. People were treated with kindness and respect and were involved in their own care. They had friendly relationships with the staff that supported them, because they saw them regularly. Staff respected people's privacy and dignity when they supported them. Is the service responsive? Good The service was responsive. People's care was regularly reviewed to ensure it continued to meet their individual needs. People and their relatives were encouraged to give feedback about the care they received. Is the service well-led? Good The service was well led.

improvements where required.

The registered manager was visible and approachable. They listened to people's views and acted upon requests. The provider had systems in place to assess and monitor the quality of care

staff provided at the service. They used this to make



# YourLife (Shrewsbury)

**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 checked 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 20 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. It also gave them time to arrange for us to speak with people and staff.

The inspection team consisted of one inspector. Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service.

We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with people using the service. We spoke with two care staff, the duty manager and the registered manager. We viewed care records for one person, recruitment records and records relating to how the service was managed.



#### Is the service safe?

### Our findings

People told us they felt safe in their home when staff supported them. They also felt staff could be trusted. People told us they would speak to the duty manager if they felt unsafe in their home with staff. A person said, "I have no worry about safety, I use my frame independently. Staff just support me when I need it. It's all directed by me."

People mentioned they had an alarm system provided in the apartments. They had either an alarm pendent or bracelet and had alarm call points within their homes. They were able to call for help through this system and speak with a duty manager who carried a 'duty telephone' with them at all times. A person said, "Staff are very attentive if I press this and it gives me a sense of security."

Staff explained how they were trained to keep people safe from harm. They were aware of signs of abuse and knew the reporting procedures. They also understood their duty to 'whistle blow' if they observed any poor practice. One staff member said, "I would not hesitate to use the system in place if I saw anything bad happening to a person." They told us they were confident that any concerns they may have would be addressed by the registered manager immediately.

Risks to people's safety and well-being had been assessed and plans were in place to minimise these risks. One staff member said, "We ensure that risks in the property are kept to a minimum and that people are supported safely when they are getting personal care." Staff told us about people's care plans. They said they used the information in them to make sure they provided the right care."

The registered manager told us that accidents and incidents were reported to them. They used this information to review care and ensure incidents weren't repeated. We were told that copies of each accident and incident were sent to the provider's area manager and health and safety manager to enable them to be alerted and follow these up when required.

People said they had enough staff to attend to them well. They told us that staff always turned up on time for their care calls, and would let them know if they were running late. One person said, "They are always here on the dot. Never late and always with a smile." A duty manager was always on shift who was trained to support people with their care needs.

Staff had received checks prior to starting in their role. They told us they did not start work until the provider had checked their previous employment history, their identity and obtained work and character references about them. A background check called a Disclosure and Barring Service check was completed prior to staff commencing work. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. These checks help to ensure that potential new staff were suitable and safe to work with people in their own homes.

People did not require support to take their medicines at this inspection. The registered manager talked through the system and training in place should this kind of support be requested. Staff confirmed they had

received training and would only support people with their medicines once they had completed this training.



### Is the service effective?

#### Our findings

People considered that staff had the right skills and knowledge to support them well. One person said, "They all know what they are doing, especially (care worker's name)." Staff told us their training was up to date and helped them to meet the needs of people they visited. Staff told us "We help people to keep their independence and to continue to lead a fulfilled life." The registered manager said, "We assess people's needs before they come to live here. If there is something that we haven't dealt with before we will arrange training so we do have the skills we need for when they arrive."

Newly recruited staff told us they had worked alongside more experienced staff when they first started work at the service. They told us that it was a joint decision with their line manager as to when they were confident and competent to work alone. One staff member said, "I got to know people better and could see how and why things were done." Staff told us they had regular one to one meetings with the registered manager and could seek advice or support when it was needed from managers and other staff.

People told us that staff always asked their permission before they did anything. One person said, "They always ask before they do anything. That's the right thing to do." Staff we spoke with could describe how they would seek consent from people prior to providing support to them.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff confirmed that people were able to give their consent and made their own decisions with regards to their own care and treatment. Staff had been trained in the MCA and those we spoke with had an understanding of how it worked in practice.

The people who used the service did not receive specific support with their nutrition or hydration. Staff said they made a drink for people before they left their apartment. The registered manager explained the system in place to assess people if their needs changed regarding eating and drinking. They also had contact information to inform other health professionals such as the speech and language therapist.

People said they, or their relative helped them make their own health appointments but were sure staff would help where necessary. The registered manager said, they had all the details to enable them to make referrals to the GP, district nurse if it became necessary.



## Is the service caring?

#### Our findings

People spoke well of the care and support they received. They said they had developed good relationships with the staff and management that supported them. They told us they knew the staff well as they had the same staff attend to them. People considered staff were kind and caring in their support. One person said, "They are reassuring and patient. I say what I want done and they do it with no quibbles."

One person said, "Staff talk to me about the support I need." People felt involved in their own care and felt that staff listened to their preferences on how they wanted their care delivered. They were provided with copies of their care plans which they kept in their apartment. They also had information about the service that Yourlife provided.

Prior to receiving care people were visited to discuss their care needs. We saw that people were encouraged to identify what they wanted to achieve such as remaining independent in their own homes or to be supported to increase their mobility. People told us that staff supported them to achieve what they wanted to and felt in total control. The registered manager spoke with people and their families to find out what they wanted support with. They listened to their views on how they wanted their care delivered and found out their individual abilities. Following this discussion, a care plan was developed and agreed with the person.

Staff understood the importance of helping to keep people independent and living safely within their own home. One staff member said, "I am trained to encourage people to be as independent as they can be."

One person showed us their care plan and the notes that care workers wrote in them following each visit. People were supported by staff who respected their privacy and dignity. Staff told us they were mindful of people's dignity especially when they supported them with personal care such as showering. One staff member told us that they were working in a person's own home and as such their privacy must be respected. Staff understood that being respectful towards people meant they could establish trusting relationships with them.



### Is the service responsive?

#### Our findings

People told us they received care and support that met their needs and preferences. One person said, "They [staff] do things the way I want them to do them." People told us they had been involved in developing and reviewing their care plans. One person told us that the duty manager regularly visited them to talk about their care, whether their needs had changed and if they needed support with anything else.

The registered manager told us people's care was reviewed formally on a regular basis. However, if any changes in people's needs were identified care and support would be reviewed at that time. This helped to ensure that changes to people's care needs and support were identified and responded to quickly.

One person said, "Anything I am unhappy with I am sure they would sort immediately." People told us they had not needed to raise a complaint, but they felt able to make a complaint if it was required. People were provided with the information they needed to raise a complaint and a system was in place to respond to and investigate any complaint received.

People told us they were asked for their views and opinions about the service through questionnaires. They also said staff asked them if they were happy with how their care was delivered at care calls. They also had the opportunity to speak with managers about the service they received. One person said, "We get questionnaires quite often and [registered manager's name] comes round to talk and get our opinions of the care and staff. I've never been unhappy with anything."



#### Is the service well-led?

#### Our findings

People told us the management team were approachable and the service they received was well organised. They found the registered manager was visible and told us they saw them often, sometimes daily. They and their relatives felt involved in the care service provided and told us their views were heard and listened to by management.

Staff understood their roles and what was expected of them. One staff member said, "It's like coming from your own home and into someone else's. Not quite like work." Staff told us they felt valued, supported and involved in the development of the service. One staff member told us the managers always took time to support them and kept an eye on their working practice.

Staff were involved in meetings and were encouraged to share their views and opinions. Staff had access to managerial support and said the registered manager was contactable at any time day or night. They told us that in the absence of the registered manager they were supported in their role by the provider's area manager.

The registered manager was aware of when statutory notifications would need to be submitted to CQC. The registered persons are required by law to submit statutory notifications in certain circumstances. These statutory notifications ensure that we are aware of important events and play a key role in our on-going monitoring of services.

The provider had systems in place to ensure the continual monitoring of the quality of the service provided. The registered manager had support from other housing schemes that Yourlife supplied personal care into. The management team completed regular quality checks on areas such as care records, the management of medicines, staff training and health and safety.

Staff practice was monitored and observations completed in people's homes to ensure staff were competent in their roles. The provider's area manager visited the service monthly to complete a quality audit and support the registered manager. We saw the quality audits were in line with our five key questions. Action plans were produced to address any issues that were identified and we saw these were monitored to ensure they were completed.