

# Yourlife Management Services Limited

## YourLife (Bentley Heath)

### Inspection report

YourLife (Bentley Heath)  
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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 carried out this inspection on 27 January 2017. We told the provider we were coming 48 hours before the visit so they could arrange for people and staff to be available to talk with us about the service.

YourLife (Bentley Heath) is a service which provides personal care support to older people in their own homes. All of the people supported live in the same building, and the care service is based on site as part of an assisted living environment. At the time of our inspection visit, six people used the service and they were referred to as 'homeowners.' Two people who used the service were in hospital at the time of our inspection visit.

The service has a registered manager. 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. A registered manager was in place and had been since October 2015 when the service started.

People told us they felt safe using the service because care workers were skilled and knowledgeable, and knew how to care for them well. Care workers had a good understanding of what constituted abuse and who to contact if safeguarding concerns were raised.

Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service. Care workers received an induction to the organisation, and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and the registered manager understood the actions to take if they were concerned people were being deprived of their liberty.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs. Care workers referred people to other professionals if they had any concerns.

People had consistent staff they were familiar with and who provided support as outlined in their care plans. Following some recent recruitment, there were enough staff to care for people they supported and bank staff were used when required.

People told us care workers were kind and caring and had the right skills and experience to provide the care they required. People were supported with dignity and respect. Care workers encouraged people to be independent and the focus of the service was to develop people's skills and confidence further.

Care plans contained detailed, relevant information for care workers to help them provide personalised care including processes to minimise risks to people's safety. People received their medicines when required

from staff trained to administer them.

People knew how to complain and had opportunities to share their views and opinions about the service they received. This was through regular review meetings, homeowner meetings and also surveys.

Care workers were confident they could raise any concerns or issues with the registered manager knowing they would be listened to and acted on. People and staff told us the management team were effective and approachable.

The management team gave care workers formal opportunities to discuss any issues or raise concerns with them. There were some processes to monitor the quality of the service provided. These checks and audits ensured care workers worked in line with policies and procedures.

## 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 received support from staff who understood the risks relating to their care. Staff had a good understanding of what constituted abuse and who to contact if they had any concerns. There was a thorough staff recruitment process and induction. There were enough experienced staff to provide the support people required. There were safe procedures for administering medicines and staff were trained to do this.

### Is the service effective?

Good ●

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and gained people's consent before care was provided. The registered manager understood the action to take if they had concerns people were being deprived of their liberty. People were supported with their nutritional needs and to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by workers who they knew well and considered to be kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. People were given choices about how they received their care. People were supported to maintain relationships with their family members.

### Is the service responsive?

Good ●

The service was responsive.

People received support from consistent workers who understood their needs. Care records contained detailed information for care workers so they could support people in the

ways they preferred. People were given opportunities to share their views about the care at review meetings and policies were in place for the registered manager to respond should any complaints be raised.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were happy with the service and felt able to speak to the registered manager if they needed to. Care workers were supported to carry out their roles by the management team who were available and approachable. Care workers were given opportunities to meet with managers and raise any issues or concerns they had. The management team reviewed the quality and safety of service provided. This was through surveys, regular communication with people and checks to ensure care staff worked in line with policies and procedures.□

# YourLife (Bentley Heath)

## 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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided and the registered manager gave us some additional information during our visit. A dementia advisor had now been appointed by the provider to offer additional support to the service.

The inspection took place on 27 January 2017 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with people and staff. The inspection was conducted by one inspector.

During our visit we spoke with three people, two relatives, one care support worker, one duty supervisor and the registered manager. We also spoke with the chef who was based at the service and was employed by an external company.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at two staff files to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits, safety records and accidents.

# Is the service safe?

## Our findings

People told us they felt safe at the service and staff knew how to support them. One person told us, "I have no concerns about safety, it is one of the reasons I moved here." They went on to say, "I lost my balance once and used the alarm system, they called the ambulance for me." The duty supervisor told us the alarm system provided safety for people in an emergency. One relative told us, "Absolutely, we feel safe."

People had pendant alarms and emergency bells should they require assistance from the staff who were on site 24 hours a day. One care staff member slept at the service in case of emergencies. Additionally staff checked each day that people remained safe and well, even if they did not receive a care call.

There were enough staff to complete the care tasks and meet people's needs. However, in the past due to unplanned staff absence this had been a problem. One person told us, "They had problems with shortage of staff and they could run late. Sometimes you had to wait. It has improved over the last six months or so, two new people have started. I think it is difficult to recruit staff." However, they told us staffing was a lot better now. One relative told us staff were prompt with calls and although sometimes they could seem a little pressured, they did not allow this to affect the service they gave. Care staff told us they did have enough time to provide care now there was more of them.

There were now 10 staff employed by the service in total and this included some domestic staff. There were no staff vacancies. No agency staff were used, however some staff were 'bank' staff. Bank staff are people employed by the provider who are able to provide cover for shifts when other members of staff are absent.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Before employment could commence, two satisfactory references were sought and disclosure barring service (DBS) background checks were completed. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. The registered manager told us that any issues identified during recruitment would result in further written information being requested, and then their human resources department would decide if the person was suitable to employ.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. Staff were able to tell us about the possible different types of abuse. One new care worker told us, "I have not had the training here yet but I did in previous environment. I am booked on the training. You need to safeguard the people and the people around them. I could report any concerns to my line manager or you can call CQC. I have in my previous job."

Another care worker told us they had had training in safeguarding people and if they had any concerns they would go to the registered manager or the local authority safeguarding team. They told us they were also comfortable to go to the area manager or the head of 'YourLife' as well if necessary. However they felt confident that the registered manager would act on any concerns raised.

Staff had been given a copy of the whistleblowing policy and we saw this displayed. 'Whistleblowing' is the term used for when staff have concerns about poor practice of other staff in their own organisation, and report this. An 'adult abuse' helpline number was also displayed in a communal area and people, relatives or staff could call this number should they have any concerns.

Staff undertook assessments of people's care needs and identified any potential risks to providing their support. For example, one person was at risk of falls and had fallen several times over recent months. This was documented and the person had now had a review of their medicine, as this had been identified as a factor, and had also been referred to an occupational therapist who provided further equipment to support them. An occupational therapist is a professional who supports people to carry out daily living activities, whilst encouraging their independence. Additional care support had also been arranged and this had reduced the falls further. Other risk assessments were in place for areas such as the environment, medicines and malnutrition.

People received medicines correctly from staff trained to administer this. Competency checks were carried out by the management team to ensure staff remained safe to do this. For one care worker we saw their competency check had been completed promptly after they started work at the service.

Medicines were ordered, stored and disposed of by homeowners with support from relatives if this was required. Two people received support with medicines from care staff. One person had to have medicine which was time specific due to their health condition and their relative told us staff always gave this to them on time. Some people received support from staff as they were unable to open containers that medicine was stored in. Two people self-administered their own medicines. No one using the service received 'as required medicines' from staff.

Audits of medicines were completed by the registered manager to identify any possible errors. We saw medicine administration records had been completed correctly; however we saw there were some gaps on some medicine records and it was not clear why this was. We discussed this with the registered manager who told us medicine had been given in these cases, however the sheet had not been signed. They told us this would be addressed and reasons for gaps recorded.

Records of accidents and incidents were completed by the manager and analysed at the head office to identify any patterns or trends which could be used by the registered manager to prevent further occurrences. A trend had been identified with one person falling at night more.

Staff were aware of procedures to take in an emergency, such as a fire. One care worker told us that fire tests were done weekly and staff knew what actions to take. People's individual care and mobility needs were documented for care staff which meant people could be assisted safely and effectively in an emergency.

Other checks were carried out such as safety checks of water, gas and electrics in conjunction with the building owner. A maintenance service was also available for people.



## Is the service effective?

### Our findings

People told us they were happy with the care support they received. Comments included, "They've got some good people here I know [staff name] has 15 years in care, they are very good," and "Staff are very good."

Systems were in place to ensure staff worked effectively. Staff duties were allocated using job cards which detailed staff care calls and duties at given times. The manager ensured that staff had time to speak with them during the day should support be required, and so they could ensure work was being completed. Important information was passed between staff in a 'handover' book which meant staff were aware of changes to people's care needs and any additional requirements they had.

When first starting work at the service, staff received support during a period of induction to ensure they were able to support people correctly. One care worker told us, "The management and structure is really supportive, I had an induction and did shadowing, it was really thorough, friendly and welcoming." Shadowing is where a new member of staff works alongside and observes a more experienced worker.

The registered manager told us, "The induction is really robust, it's over the first 10 days, they have mandatory training. Thereafter they do three or four 'shadow' shifts before they are left alone. They also have a work book to complete." Staff had to complete a probationary period before they were confirmed as a permanent member of staff.

Staff received training considered essential to meet people's care and support needs. One person told us, "I know staff have training days, some also have previous experience." One care worker told us, "The training I have done is fine, I did health and safety and manual handling. I am booked on the medication training and I have watched a DVD. I did dementia awareness and am doing my NVQ 3 in care. I came from a previous caring role." Another care worker told us about the basic life support training they completed. They told us they learned to call for help first, before starting CPR (cardio pulmonary resuscitation) so there was not a delay in the person receiving help.

One care worker told us they had recently received some training around a specific health condition in relation to one person they supported, and this had helped them to understand how to care for them better.

The duty supervisor was qualified as a 'train the trainer' which meant they could train other staff in the area of moving and handling people. They told us staff could also be supported with training by a care compliance manager employed by the provider if this was required. The registered manager kept a record of training, and when this was completed and due, so that staff remained up to date with their knowledge and skills.

One staff member who was new to care, had also completed the 'Care Certificate'. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

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. 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. The provider understood the requirements of the Mental Capacity Act (2005). No one using the service required a DoLS authorisation; however they were aware of when this may be applicable for people. The registered manager told us, "DoLS means depriving someone of their liberty. If I had any concerns I would ring the DoLS team (at the local authority), I would explain the situation and get their advice. They could then come and draw their own conclusion."

Staff understood their responsibilities under the MCA. One care worker told us, "We have to do everything to help people to make a decision, we have to support people. They might not be able to retain the information. Their capacity might be affected by dementia, Alzheimer's, an accident or brain injury, it could change." Another care worker told us it should be presumed people had capacity to make decisions unless it is decided otherwise, and people should be supported to make decisions even if they seemed to be 'unwise' ones.

Staff had completed training around the MCA. The registered manager told us, "This is for people age 16 and over, there are five principles, you can't stop people doing things, if you consider it dangerous, a decision needs to be made in their best interests. We have to support the decisions they are making and use the least restrictive methods. A loss of mental capacity can be due to several reasons, such as brain injury or a learning disability. Everyone is deemed to have capacity unless they are assessed not to."

Mental capacity information was recorded on people's care records. All the people using the service had capacity to make decisions. Staff knew they should seek people's consent before providing care and support.

People's nutritional needs were met by care workers if this was part of their care plan, however most people cooked for themselves or their relatives supported them. One person told us, "I don't tend to use the restaurant as I make my own meals." The registered manager told us, "As far as food goes, people have a choice, they can eat in the restaurant, in their own apartment or go out." If people were unwell a meal could be taken to their apartment by care staff if they wished.

People had the option of eating a meal in the on - site restaurant for a small charge. The chef told us they would offer choice to people where possible. The registered manager told us, "We distribute menus each week, I work closely with the chef and we organise meetings with them and the homeowners to see what they think of the choices." Menus were produced in a large print format so people could see these more easily. The chef was aware of any allergies or people's special dietary needs.

People were supported to manage their health conditions and to access other professionals when required. Staff were assisted people to access services such as district nurses or the optician. A referral had been made to a district nurse for a person due to problems with their skin. However, most people were able to arrange this themselves or with support from their relative. One care worker told us about when one person was unwell and so they had called an ambulance for them.

## Is the service caring?

### Our findings

People told us care workers were kind, caring and supportive. Comments from people included, "They are all very nice people. The care is fine, you have a relationship with the staff here." One relative told us that the staff were friendly, went out of their way to provide any help that was required and described the care as 'faultless'. Other comments about staff described them as 'very sweet' and 'very caring'.

Care staff told us they enjoyed working at the service with the people there. Comments included, "I would not change anything here, it's lovely and I enjoy it. It does not feel like going to work," and "I enjoy the work and the time spent with the people is important."

During our visit we observed occasions when staff were caring towards people and they obviously had good relationships with them. One person told us, "I love it here, the staff are great fun" then they hugged the registered manager.

One relative told us how they felt some of the staff went 'above and beyond' and when they first started at the service and moved into their flat, how they had supported them. They told us, "It was amazing, nothing was too much trouble for them."

As staff supported people regularly, they had developed good relationships with them. One care worker told us all about a person they supported, including what they used to do for a job and about one of their passions. The person had recently done a talk for other people at the service and the care worker told us that they could see the person loved this and 'came alive'. They told us seeing this had 'touched their heart'.

The ethos of the service was to promote independence. The registered manager told us, "We do encourage a lot of independence, however should people need help, we are there." The duty supervisor told us, "We want to keep people living here as long as they can keep living here. They are in control." They told us the care provided by staff was tailored to meet people's changing needs. Most people did some of their own personal care themselves and were encouraged to do their own laundry.

Some people had increased their independence with the care support provided. The registered manager told us, "In terms of independence [Person] is our biggest achievement. They are well and able now to go out themselves. Before they were unable to look after themselves, but with the care in place, their life changed and the change was amazing."

Staff were trained to support people whilst ensuring their privacy and dignity. A member of staff told us, "Some people are shy so we cover them up. If people take a bath or shower we keep their dignity, but still check they are okay." The registered manager told us, "We do a lot of on the job training, we say, ask yourself what you would like. Doors are kept closed (when we help with personal care), we cover people up, respect them. Allow people to choose, for instance what to wear, give them choices." The duty supervisor told us, "I'm a dignity champion, we have a very small team, we make sure they are trained. People here have very regular carers. People are involved in drawing up their care plans. We think about their emotional well –

being. Keeping confidentiality and make sure choices are given."

Staff treated people with respect when supporting them with care. One staff member told us, "I have to say as a whole place staff make it what it is, we respect people and each other.

No one at the service had an advocate as people had relatives who supported them with important decisions. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

# Is the service responsive?

## Our findings

Staff supported people in the ways they preferred. One relative told us their family member liked things done in a certain way and the staff knew this and how to support them. The registered manager told us they were aware that one person they supported enjoyed their own company and they made sure they respected that. Some people at the service received additional support from external care staff and were able to choose who supported them with their care needs.

Prior to coming to the service, people were assessed by the management team to ensure they could meet their needs. The registered manager told us, "I have a lot of interaction with people and families, I take time, get them to tell me about the person, form a bond." People were given information when they first starting using the service and a service user guide explained how the service worked.

People told us they generally had the same care staff and some new staff had started in the past few weeks. One person told us, "I think they try to allocate you certain people." One relative told us, "On the whole we see most of [care worker], even if we see someone different, they are equally keen to get things right."

Care records contained information about people's backgrounds, routines and preferences, so staff could support them in the ways they preferred. Most people received support with some personal care needs. One care worker told us, "I read the care plans. I know what people like and don't like and if they are able bodied. People will tell you what they want." One care worker told us they had learned that the key to good communication with one person was to make good eye contact with them first, and then they would respond to them.

Care records detailed people's health conditions and overall care needs. These were broken down into step by step details, so staff were able to know exactly how people preferred to be supported. For example, it was recorded one person's preference was to get dressed starting with their left arm first. This meant staff were consistent in how they supported people and they did this in the ways they wanted.

Care records were kept in people's homes unless people chose for them to be kept in the office. People had signed their care records which showed they had been involved in documenting these. The duty supervisor told us new care paperwork had been introduced at the end of last year by the provider, and they felt the care plans were much better now and easier to follow.

People and their families were involved in reviews of care. Care reviews were held every six months or sooner if people's care needs changed. One relative told us, "We met informally, we had lots of queries and discussed what to do."

People told us they had no complaints, they knew how to complain and would be confident to raise any concerns with the registered manager, provider or staff if they needed to. One relative told us, "If you do raise issues, [registered manager] comes back to you".

A complaints policy was displayed and a copy was provided to people at the service. No complaints had been recorded and we were not aware of any. The registered manager told us they were aware all complaints should be recorded and their policy was to respond within three days in writing and 28 days with an outcome. Any other issues raised were logged on a computer system and then closed when these were resolved. This enabled the provider to check how long it took for any issues to be addressed.

Compliments were recorded and we saw a number of cards thanking staff for their support.

## Is the service well-led?

### Our findings

People told us they were very happy with the management of YourLife (Bentley Heath). One relative told us that the staff were managed well by the registered manager who they described as 'highly organised' and therefore the staff knew what to do. Another comment was, "I admire how [registered manager] runs the service, she has a very 'even' manner and is much admired."

Staff were also positive about the management of the service. One care worker told us, "Everything I have seen at the service is good." They went on to say, "Everyone is good here, if you need help or are worried. I think they go above and beyond in how people are cared for."

The management team consisted of the registered manager and the provider. Duty supervisors supported the registered manager. People told us that managers were available if you needed to discuss anything. One person told us, "If [registered manager] is not here, one of the duty managers is available."

The registered manager was available to support people and staff. They operated a system so they could be contacted by staff out of office hours. They worked during the week and alternate weekends so were available at different times. One care worker told us, "The manager makes it a daily routine to walk around and talk to people."

Staff told us the management were approachable and they felt supported. One care worker told us, "With [registered manager] her door is always open, you can talk to her with any issues." They went on to say, "It is a nice place to work, the environment is nice and the people, and that comes down from management." The duty supervisor told us, "I feel supported, there is a team of five of us, we play to our strengths, mine is care plans. The manager is very approachable and so is the area manager."

Staff received one to one management support and meetings took place approximately every eight weeks. Appraisal meetings were held when staff first started and again at 22 weeks of employment and gave staff the opportunity to discuss their goals and development needs. Staff meetings were held around every two months and gave staff a formal opportunity for discussion. The last meeting had been held in January 2017 where staff had discussed one to one meetings and referrals to other professionals.

Staff were given the opportunity to raise any concerns they had through staff surveys. Eight staff surveys had been completed, and comments included the manager was 'outstanding' and 'ready to listen'. Some staff felt they would benefit from further training around moving people and this was being arranged.

An employee of the month scheme was in place where staff were nominated, and a small gift was given to thank them for their work.

People and their relatives were given opportunities to raise any issues with the registered manager. A drop in meeting was held weekly when the registered manager was available to discuss any issues. A formal meeting was also held, one person told us, "They do have the homeowner meetings, I don't tend to go."

However, another relative told us they attended, and found these useful. They told us, "At the meetings everyone has something to say and they get to say it and contribute."

A newsletter was produced to update people about any news, events or changes at the service. One person told us, "I usually read the newsletter; it tells you what is going on."

Satisfaction surveys offered people and their relative's further opportunities to feedback about the service. In the responses given in 2016, everyone said they felt listened to, and responses were positive. In January 2017, three people had completed a 'review of services' form and stated they were 'happy with the care services' and described them as 'very good'. One person told us, "They usually have a review form, you can make comments. I usually say staff are good. There was not enough of them before."

The registered manager told us what they were proud of at the service, "I'm just happy this place is here, happy the staff are approachable. People come in and out of the office, it's a friendly environment."

The registered manager told us about their plans for the service, "There is always room for improvement. A dementia advisor has been brought in to help us develop this side more and give extra support so we are all more aware of how to support people and are dementia trained." They told us most people's care needs were not as demanding now, however they were aware these would change with the passing of time. They told us they tried to 'step away' to encourage independence as much as possible.

The registered manager told us they felt supported by the provider. The provider used some quality checks to make sure the service was meeting people's needs. These focused on the areas we report on, and whether the service was safe, effective, caring, responsive and well – led.

The registered manager understood their responsibilities and the requirements of their registration. For example, information such as safeguarding concerns and serious injuries should be notified to us.