

Yourlife Management Services Limited

Corbett 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?

Good 

Overall summary

The inspection took place on the 11 March 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

Yourlife Management Services Limited provides personal care services to older people in their own homes who live at Corbett Court. People lived in an assisted living development within privately owned, self-contained apartments. There was a restaurant on site that was managed by another organisation for people if they chose not to prepare their own meals. A sleep-in care was available overnight for emergencies. At the time of our visit Eight people received personal care from Yourlife Management Services Limited.

The service had 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.

People felt safe living at the service and some chose to wear personal alarms to alert staff when they needed support. The service had enough skilled and experienced staff to ensure people were safe and cared for.

People's needs were assessed and care plans were developed to identify what care and support they

Summary of findings

required. Staff worked with healthcare professionals such as doctors to obtain specialist advice to ensure people received the care and treatment they needed. People were supported to live as independently as possible.

People had access to and could choose suitable leisure and social activities in line with their individual interests and hobbies. These included exercise classes and games.

There was a restaurant on site and people had sufficient to eat and drink throughout the day. Some people preferred to prepare and eat their own meals in their flats. Where needed staff supported people to eat and drink.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. Staff attended MCA training so they could observe the key principles in their day to day work. Staff confirmed they would check with people to ensure they consented to care tasks before they proceeded.

People were cared for by staff who knew them well and positive, caring relationships had been developed. The

service supported people to express their views and made arrangements to meet people's individual requirements. People were treated with respect and their privacy and dignity was promoted. They were encouraged to do things for themselves and to be as independent as possible.

Staff felt fully supported by management to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake a qualification in health and social care as part of on going support and development.

Monthly staff meetings took place which provided an opportunity for staff to feedback on the quality of the service. Staff told us they liked having regular meetings and felt them to be beneficial. Feedback was sought from the manager via surveys which were sent out to people and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risks were managed appropriately.

Staff had been trained in safeguarding procedures and there were arrangements in place in the event of an emergency. Staffing levels were sufficient to keep people safe.

People's medicines were managed safely and staff had been trained in the administration of medicines.

Good



Is the service effective?

The service was effective.

People had sufficient to eat and drink throughout the day, either in their own flats or in a communal restaurant on site. They had access to healthcare professionals and were supported to maintain good health.

Staff understood the requirements of the Mental Capacity Act and had been trained. They put their learning into practice.

Staff underwent a comprehensive induction programme and received regular supervisions, appraisal and training.

Good



Is the service caring?

The service was caring.

People who used the service told us they the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

Staff were respectful of people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People received personalised care and their preferences were recorded in their care records. Staff knew people well and encouraged them to be as independent as possible.

People knew how to make a complaint and there was a complaints policy in place.

Good



Is the service well-led?

The service was well-led.

There was a positive and open atmosphere at the service. People and staff all said they found the management team approachable and professional.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Good



Summary of findings

The service had detailed quality assurance and audit processes in place to monitor the quality of the service and drive improvements where necessary.

Corbett 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.

The inspection took place on the 11 March 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service; we wanted to be sure that someone would be in to speak with us.

The inspection team consisted an inspector and an expert by experience with experience in elderly care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also checked the information that we held about the service and the service provider. This included statutory

notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection. We sent out questionnaires to people who use the service and staff to gain their feedback before the inspection.

During our inspection we spoke with two people who received a service, three care staff and the registered manager. After the inspection we spoke with another four people who received a service and one relative on the telephone to gain their views.

We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people, medicine administration record (MAR) sheets, five staff training and employment records, quality assurance records, audits and incident reports and records relating to the management of the service.

After the inspection we spoke with one professional who worked with the service regularly to gain their feedback and consented to have the feedback included in the report.

This was the first inspection of this service since it was registered in June 2013.

Is the service safe?

Our findings

People felt safe living at the service. One person told us “I feel so safe here, I can see who is at my front door before I let anyone in, if I need help all I have to do is press my alarm”. 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.

One professional told us “It is very safe there as the intercom system allows the residents extra safety from people they don't know and staff are very vigilant. Safety is paramount and no cold calling is allowed in the building”.

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 and regularly discuss it in our team meetings”. This 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. We looked at the electronic rotas and saw there were

sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people receiving a service.

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. In one care plan it detailed how a member of staff would assist a person with personal care which included helping a person with a shower and staying close, assisting when required.

Staff were aware of the action required following any accidents and incidents and these were recorded to the provider's accident and incident reporting procedure. These were then analysed for any trends and risks responded to accordingly.

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, we have a person who is diabetic and the details for them are with the chef”. 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. We were shown an action plan of additional and updated training the provider was working on for all staff, which included a course on dementia awareness. 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.

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. One member of staff said “Our manager is very supportive, we do training each month after our team meetings”. 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 and felt they got on well with them. One person told us “The staff are all lovely, they help me to be independent as much as possible and really caring”. One relative told us “My mother is content, she has the same carers every day who arrive on time and who are skilled. They treat her with great respect”.

A professional that visited the service regularly told us “The staff are great at knowing friends and family of the residents that visit regularly and of professionals like myself. They go above and beyond to help everyone.

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 on how they promoted people’s independence. One member of staff told us “We help people to maintain their

independence and deliver great care”. 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, we all go the extra mile”.

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. This encouraged people to give feedback on the care they received.

In a questionnaire that we sent out prior to the inspection to people 100% of people thought their care workers were caring and kind. 100% also felt the support and care they received helped them to be as independent as they could be.

Is the service responsive?

Our findings

One person said “If I had a problem, of course I would complain and feel sure senior staff would respond promptly”. Another said “I feel that staff would respond to any emergency and find the culture of the community, caring and very pleasant. I have filled in a survey (we all have) and I would recommend this way of life”.

People had access to a range of activities and could choose if they wanted to participate. These included exercise classes, games night and recently a vintage tea party. One person told us, “I like spending time with others in the restaurant and enjoy the activities”.

People we spoke with all knew how to make a complaint if they needed to. The service had a complaints policy which they followed. Although the service had not received any complaints we were shown where they would be recorded with details of action taken and the outcome. This would enable the service to learn from the complaints they received.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service and promote independence. One member of staff told us “We see people throughout the day and really understand their needs, we provide a personal service to them”.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. We looked at eight care plans and found the details recorded were consistent. Care plans were detailed enough for care staff to understand. One part of a care plan documented the personal outcomes for people and how these could be met with assistance from care staff where needed. Care plans were reviewed regularly which meant that assessment and care planning ensured changes in people’s needs.

People’s background and likes and dislikes were recorded in the care plans. This enabled care staff to understand a person and care for them. One member of staff told us “we really get to know everyone really well and see them every day, we encourage independence and it is so rewarding when you see someone improve with their daily living skills”.

The registered manager told us that a person who had moved in recently was diabetic and how she had arranged for all staff to attend a diabetes training course. This was to ensure staff understood the condition and how they could support the person with their health. In the staff room we saw details of the training and visual displays to assist them with their understanding of the condition. This demonstrated that the staff were able to learn and adapt when the needs of people changed.

Is the service well-led?

Our findings

People told us they had access to management and were happy with the staff that supported them. One person told us “The culture and service is very pleasant”.

There was a registered manager at the agency. The manager monitored the quality of the service by speaking with people to ensure they were happy with the service they received. The manager undertook a combination of announced and unannounced spot checks during care visits to review the quality of the service provided. She observed the standard of care provided and obtained feedback from the person using the service. Information received was used to drive improvement in the service.

In a questionnaire that we sent to people prior to our inspection 100% felt they would feel confident about reporting any concerns or poor practice to the registered manager. 100% also confirmed that the registered manager asked what they thought about the service and took their views into account.

An annual survey from the provider was completed by people who used the service. This enabled the service to hear people’s opinions and look at ways they could improve the service. The surveys were analysed and any action plans put in place for improvements needed. Staff surveys were completed annually and from the last survey we saw all staff enjoyed working at Corbett Court. Home owner meetings were also held every month to gain feedback and the registered manager played an active part at these meetings.

The registered manager carried out an internal quality audit on the service every two months. This audit was detailed and covered areas such as compliments and complaints, care plans, records and staff training to identify any issues. The registered manager attended a manager’s meeting regularly which gave an opportunity to discuss any issues or problems they may have had and share ideas with their colleagues on ways to improve the service.

Staff felt there was an open and transparent culture at the service. They received regular support and advice from their manager and had regular meetings in the office. Staff said they felt the manager was always available if they had any concerns or needed any assistance. One staff member told us “We are a small team and help each other out, the manager is really supportive and is always there to help if needed”.

The registered manager played an active role in the service and communication between staff at all levels was open and friendly. Staff meetings were held on a monthly basis and staff communicated with each other when they handed over between shifts.

The registered manager showed passion in providing person centred care and told us “I first meet people in their own homes before they decide to move into Corbett Court this is to discuss their needs and requirements with them. Our aim is to maintain people’s independence and build confidence. We deliver high quality care and have success stories, recently one person reduced their care calls as they became more able and independent”.