

Yourlife Management Services Limited

YourLife (Bentley Heath)

Inspection report

Ravenshaw Court
73 Four Ashes Road, Bentley Heath
Solihull
West Midlands
B93 8NA

Tel: 01564774483

Date of inspection visit:
21 August 2019

Date of publication:
24 September 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Your Life (Bentley Heath) provides domiciliary care support for people living in their own flats on the outskirts of Solihull. It provides a service to older people, people living with dementia, people with physical disabilities and people with sensory impairments. At the time of our visit, the service was providing personal care to 14 people.

Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

People's experience of using this service and what we found

A registered manager was in post and had been for around six weeks. They had worked at the service previously. They were currently being supported by the area manager, who was the registered manager at the time of our last visit.

People told us staff were exceptionally caring and went out of their way to ensure they were supported with the upmost dignity and respect. Staff were clearly passionate about their role and people receiving support felt they were given care that was 'second to none'. Promoting independence was encouraged and people were supported to improve their daily life skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; systems supported this practice.

People using the service felt safe. Where risks to people's health and wellbeing were identified, plans were in place to manage those risks while encouraging people to remain independent.

Staff understood their responsibilities around safeguarding people and knew how to report concerns. There were enough staff to keep people safe and respond to people's changing needs.

People's needs were met by staff who had relevant skills and ongoing training. People were supported to access appropriate healthcare services when necessary to maintain health and wellbeing.

People and their families were involved in planning and agreeing what care and support they needed. The service was responsive to the individual needs of people which considered reducing social isolation where possible.

People and staff felt the service was well led. The provided had governance systems in place to monitor quality and safety. The registered manager was exploring further ways to involve people and staff in running the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated as Good (published 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

YourLife (Bentley Heath)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and an assistant inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the provider 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and one relative about their experiences of the care provided. We spoke with two members of care staff, a duty manager, the registered manager and the area manager. We also spoke with a chef employed by an external company who provided meals for people receiving care. We reviewed a range of records including three people's care records and a medication record. A number of other records were reviewed in relation to the management of the service, including quality checks, meeting minutes and accidents and incidents. We looked at two staff files to ensure they had been recruited safely and had completed the required training.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented in care plans. Risk assessments were reviewed regularly and contained detailed guidance for staff on how best to support people and reduce the risk of harm occurring. These included people at risk of falls, in relation to medication and people living with health conditions.
- Staff had been trained in fire safety. Personal emergency evacuation plans were in place for individuals which documented their support needs in this situation.
- An on-call system ensured people could contact staff for support 24 hours a day. One person told us how staff helped them when they had fallen one night, and they called the paramedics.
- The service utilised the Herbert Protocol for some people using the service. This is a document which contains vital information about a person to be used by the police in the event of the person going missing.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service and secure in the environment.
- The provider's policies and procedures provided staff with guidance of how to keep people safe.
- Staff understood their role in protecting people from abuse and had received training in safeguarding. Information on reporting abuse and whistle-blowing was available to staff. One staff member told us, "We try to identify issues before it becomes a safeguarding, we understand the processes for raising concerns and whistle blowing." Staff told us they were confident in escalating concerns further should they feel these were not addressed locally.

Staffing and recruitment

- People were supported by enough staff to meet their care needs and keep them safe. Care was provided based on people's assessed needs. One member of staff told us, "Staffing is always changing based on changing care packages." The provider had a flexible workforce which could be deployed if more staff were required due to people's changing needs.
- Staff recruitment files included relevant checks to ensure all staff were suitable to work with vulnerable adults. Staff were unable to start work until these checks were completed.

Using medicines safely

- Medicines were stored in people's own flats safely. Systems were organised, and people received their medicines as prescribed. One person told us, "It all depends on the schedule, but I always get my medicine on time." Some people were also supported by visiting professionals to manage more complex health conditions for example, diabetes.

- Staff were trained to administer medication and regular competency checks were carried out to ensure they remained safe to do this.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce this risk. Staff had access to protective equipment, for example gloves and aprons, to reduce the risk of cross infection when providing personal care and support to people.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident or when there was a 'near miss'. Trends were monitored to mitigate future risks and encourage learning, for example in relation to falls. This included shared learning with other services in the provider's group.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff.
- Staff completed the necessary training to enable them to carry out their roles and training was monitored to ensure this remained current. Staff told us they felt the training was 'good'. One staff member told us, "The training is mostly online, it makes it easier for people to keep up to date. There are face to face options available too and people are supported if they need someone to further explain anything."
- One staff member explained they were a dementia champion and newly appointed in this role. They were developing a better understanding of how they could support people and staff further. Staff were supported to take additional care qualifications if they chose to.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Most people using the service had capacity to make decisions. Where people were unable to make decisions for themselves, mental capacity assessments had been completed.
- Staff had completed training in relation to mental capacity. People had signed their consent on care records where they were able to.
- No one had a DoLS application in place where they were being deprived of their liberty.

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

- People's care needs, and support was provided in line with current guidance.

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

- People were supported by staff where required to access meals in line with their needs and choices. Some

people chose to eat their meals in a communal dining room and their relatives could join them if they wished to. The chef was made aware of people's specific dietary needs by care staff.

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

- Staff communicated with other agencies such as speech and language therapists, occupational therapy, GP's and community nurses when required.

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

- People had their own flats and access to some communal areas such as a dining room, lounge and accessible garden.

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

- Lifestyles were considered to ensure people remained well for example with visits from chiropodists when required. Staff were working with the chef around people's care profiles, so consideration was given, for example, to portion sizes of food for people linked to their health.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were keen to tell us about how staff were extremely caring, kind and positive in their approach when supporting them. They said staff 'went out of their way to help' and would always get back to people when they promised to. One person described staff as 'really exceptional'. Adding, "They are marvellous... They are very kind, everyone is. They would like to do more for you, not one of them is not 'first rate'. I don't think it is possible to give them anything else but due praise." They explained about a staff member who visited them in hospital when they were ill, and they described the person as 'very caring' explaining, "I was their number one priority". They went on to say how staff were very sympathetic when they were unwell another time, arranging for the doctor and they could not wish more from anybody. Another person told us, "Staff are all so caring, I've got no complaints at all." They explained they had felt unwell earlier that day and staff had been very attentive to their needs, helping them return to their flat.
- Relatives were exceptionally happy with the care provided. One relative said, "The girls [care staff] are the best thing here. The care is wonderful. They make [Person] feel so comfortable, so private, they don't use any agency staff here, and it is so secure."
- Staff were clearly passionate about the service and providing people with the best possible care. It was clear they genuinely cared about people and their families. One staff member told us, "It is very good, I really do enjoy working here." Another staff member said, "We have a strong bond with the homeowners, we support with attending appointments, (but it's more than just care), we always explain different options for people."
- Staff were skilled at supporting people living with dementia. One staff member explained, "We are all 'dementia friends' here and this means I am more confident dealing with dementia and I have a better understanding of the different issues." One staff member gave an example of how they supported one person by singing with them, as they found this was a good way of communicating, the person responded well and clearly enjoyed this. They had also arranged for respite care for them in the community to support their family.
- Staff were supported by the management team to treat everyone with dignity and respect. The culture of the service was one which put people first and at the heart of decisions made.
- A health and well-being advisor with a specialism in dementia care, was employed by the provider to offer support and advice to people where required. Staff told us they understood when supporting people with dementia you must be patient, consider distraction techniques if people became upset, and explain things clearly. The provider had a 'dementia toolkit' available to staff which offered additional ideas and guidance. A 'book of life' was one resource staff could develop with people which documented their life history, and this was especially beneficial for people living with dementia.

- The service actively promoted inclusion. Staff completed training in relation to equality and diversity and understood people using the service had different views and needs. Staff used various approaches to educate and increase understanding of the importance and impact of individuals values and beliefs. For example, when film nights had taken place for people, staff ensured a diverse range of films were shown depicting different people and cultures. This raised awareness and created opportunities for discussion to try to break down any barriers.
- Staff were dedicated in supporting people to the best of their ability, finding ways to improve their skills. One staff member had recently undertaken training in relation to communication and they told us this had taught them how to be more inclusive for people. For example, they supported one person with sight loss needs where staff either read information to them or they could provide this as an audio recording or in large print. Another staff member had recently completed training in British Sign Language to enable them to communicate with people this way. Plans were in place to develop this further with other staff and people at the service learning this. This meant people would be further supported in relation to their communication needs.
- Staff supported people to reduce any feelings of social isolation. Well - being events were arranged for people including exercise groups, a book club and trips out. One person had recently celebrated a milestone birthday and staff had arranged for a party with their family also including people who used the service. Food was arranged, and an article was printed in the local paper celebrating this. Plans were in place for staff to offer some support to people in increasing independence with IT skills. 'Companion calls' were offered by the service already for people who might be struggling with loneliness.
- Staff were creative with ways to involve people using the service and clearly enjoyed doing this. A recent jazz festival was arranged for people where staff worked late into the evening making their own musical decorations. When people arrived the following day, they were able to see the transformation which had taken place to create a real festival atmosphere. We saw some cards sent from people thanking staff for this and people told us how much they had enjoyed it.
- Staff were proactive in ensuring people were supported in the best ways possible. One staff member had identified the clothes dryers used could be difficult for people, and heavy to empty water from. Staff had implemented a system where they did this, to ensure people did not struggle or spill water, which could then result in a fall. This meant that people could continue to do their own laundry independently whilst having their safety maintained.
- Staff had identified the importance of people in keeping in touch with family and friends, so greeting cards were sold by the service at a nominal rate, which they could post on site. This ensured people did not miss out sending cards to loved ones on special occasions.

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

- Staff understood the importance of people's views, wishes and choices being respected. People made decisions about their daily lives and care. No one used the services of an advocate; however, staff were aware of when this might be required.

Respecting and promoting people's privacy, dignity and independence

- People were supported with day to day tasks such as making drinks, meals and doing laundry to increase independence. For one person living with dementia, staff had established a routine with them which had led to them increasing their skills. For example, the person could now help getting themselves dressed and with changing their bed.
- Staff supported people to increase their confidence. For example, one person did not like returning to their flat at night time in the dark. Staff had now arranged to support them in returning and for lights to be put on prior to them going out, so they did not have to return to darkness. This led to the person's confidence increasing and had had a positive impact on their well-being.

- Staff supported people ensuring their privacy was upheld. One person at the service needed assistance with reading their correspondence and they liked to staff read this to them. However, before staff did this, they would always ensure the person was aware first if the contents could be sensitive or confidential, so they could choose for a family member to do this instead. Additionally, staff told us before they had any private conversations with people at the service, they always ensured this was held in a suitable place.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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, relatives and professionals had shared people's needs with the management team before the service started. This information was contained within people's assessments and reflected their preferences.
- Staff knew people well and support was provided in line with their wishes. One person told us, "I usually get support from the same staff, occasionally I get someone different." Some people preferred support from staff of a certain gender, and this was arranged where possible.
- Care records were person centred and included information about people's health needs. These contained a, 'This is me' document and 'at a glance' records. This enabled staff to understand about people's likes, dislikes and preferences. One staff member told us, "Care plans are all tailored around people's own needs. I would speak with the manager on a daily basis (if there were any changes required)." People's care and support plans had been reviewed and updated to reflect any changes to people's needs.
- People and relatives, where applicable, were involved in care review meetings with staff and professionals to ensure care remained suitable.
- People had opportunities to socialise with others if they chose to, with movie nights, wine tasting and art classes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- People's information and communication needs were assessed, and staff understood these alongside the AIS. Information was provided to people in a format that met their needs.

Improving care quality in response to complaints or concerns

- No complaints had been received by the provider, however people told us they would feel able to complain if required. A complaints policy was available for people and procedures were in place to ensure any complaints made were investigated in line with this.

End of life care and support

- No one at the service was receiving support with end of life care, however care plans were in place for advanced care planning for people and further training planned for staff. The area manager told us this was an area they were developing further. They confirmed people could be cared for at Your Life (Bentley Heath) in their own homes at all stages of their lives.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and senior staff checked the quality and safety of the care provided, for example, checks in relation to medicines, financial transactions and staff practice. These checks had been successful in identifying some areas for improvement.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed conspicuously at the service.

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

- The management team consisted of the registered manager, the area manager and duty managers. Staff told us they felt the service was well run. The registered manager was still in their induction period; however, they were familiar with the service and staff from previously working there. They told us, "The day to day running here is smooth, there is a good team here, good communication and a good rapport."
- Some current plans at the service included establishing the management team further now following the recent changes.
- People gave positive feedback about the management team. One person told us about the registered manager, "(Name) does not avoid anything, if you raise an issue, they deal with it straight away. They were a very popular selection (for the job)."
- Staff felt managers were approachable. One staff member told us, "Managers acknowledge any issues and discuss them." Staff told us they felt supported on a day to day basis.
- The provider understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong.

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

- Views of people were gathered at homeowner meetings to identify any areas for improvement. Satisfaction surveys had been sent out to gather feedback from people and relatives. Responses received were positive.
- Monthly staff meetings were held. These provided an opportunity for staff to feedback their views and suggestions. One staff member told us, "Managers do listen to any suggestions if we have any." Topics discussed included supporting people with dignity. Staff were also supported with one to one meetings every two months.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement, for example following an incident involving a staff member injuring themselves, changes had been made to some systems to prevent this happening again.
- The area manager told us the service had been involved in a pilot scheme where they trialled different ideas before developing them in other services. For example, monitoring how often people needed support in the night and trialling a 'bistro' type service where people could order food when they wanted to, and this had now been implemented there.

Working in partnership with others

- Staff and the management team worked with professionals to support people's care.
- The area manager told us the landlord of the building was responsive when any issues were raised in relation to maintenance of the environment.