

# Yourlife Management Services Limited

## Your life (Leeds)

### Inspection report

Thackrah Court  
Squirrel Way  
Leeds  
West Yorkshire  
LS17 8FQ

Tel: 01132698365

Date of inspection visit:  
02 August 2017

Date of publication:  
22 September 2017

### 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 was the first inspection of Your Life (Leeds) since it was registered in August 2016.

Your Life (Leeds) is registered to provide personal care to people living in their own homes. It provides services to people living within a McCarthy and Stone assisted living development known as, Thackrah Court, which is located in the suburbs of Leeds. The assisted living development consists of retirement flats, which people purchase, together with communal facilities, including a restaurant. The Your Life (Leeds) office is located within the assisted living development. People can live at Thackrah Court without needing personal care from the service, or from other care agencies. At the time of our inspection, there were four people receiving personal care from the service.

There was registered manager for the service. 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. We have referred to the registered manager as 'the manager' throughout this report.

People told us they felt safe and that care staff were reliable, consistent, did not rush and provided their medicines support when this was required. Known risks to people were assessed to enable care staff to manage these safely. Safe recruitment procedures were followed to ensure people who used the service were not exposed to care staff who may pose a potential risk to their wellbeing. Care staff knew how to report concerns about people's welfare and had confidence in the manager taking appropriate action when this was required. There were sufficient numbers of staff available to meet people's needs.

Care staff were provided with a range of training to enable them to effectively meet people's needs. Care staff performance was monitored through supervision and appraisals of their skills and they had opportunities to develop their careers. The service was following the principles of the Mental Capacity Act 2005 to ensure people's human and legal rights were promoted. There were no restrictions of people's liberty at the time of this inspection, and no-one had needed to be referred to the Court of Protection because of concerns about a deprivation of their liberty. The service supported people's nutritional needs.

Care staff maintained people's confidentiality whilst upholding their rights for privacy. People told us they were treated with dignity and respect by care staff who knew them well. Care staff understood people's individual preferences and needs to ensure a personalised service was delivered. Opportunities were provided for people to enable them to participate in a range of activities to ensure their wellbeing was promoted and enable risks of social isolation to be reduced.

A complaints procedure was in place to ensure people's concerns were addressed and acted on appropriately. People were encouraged to provide feedback about the service to enable it to learn and

develop. People told us that management was approachable and care staff said they enjoyed their work. A range of management audits were carried out to enable the quality of the service to be monitored and acted on where this was required to enable the service to continually develop.

## 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's medicine support arrangements were managed safely and care staff knew how to report potential safeguarding concerns about people.

There were sufficient care staff available to meet people's needs.

Safe recruitment procedures had been followed to ensure people who used the service were not exposed to care staff who were barred from working with vulnerable adults.

Known risks to people were assessed to help care staff keep people safe. Accidents and incidents were monitored to ensure people's wellbeing was promoted.

### Is the service effective?

Good ●

The service was effective.

Care staff received on-going support and supervision to ensure they were aware of their professional responsibilities.

People were supported by care staff who received a range of training to ensure they were able to effectively carry out their roles.

People were supported to make choices, and their legal rights to make decisions were respected.

Care staff involved healthcare professionals when this was required to ensure people's medical needs were promoted.

### Is the service caring?

Good ●

The service was caring.

People had positive and friendly relationships with care staff who

understood what was important to them and knew them well. People's independence was promoted.

People were treated with consideration and respect by care staff who ensured their privacy and dignity was maintained, whilst upholding their confidentiality.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were confident any concerns would be acted on responsively and were encouraged to actively participate and provide feedback about the service to help it to learn and develop.

People's needs were assessed to ensure their care and support was delivered in a personalised way. People were provided with opportunities to engage in social activities to enable risks of potential isolation to be reduced.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People and staff told us the manager was approachable and listened to them.

Management systems were in place to enable the quality of the service to be monitored and action to be taken to improve the service where this was required.

Care staff were positive about their work and told us that management was open and supportive of suggestions and ideas.

# Your life (Leeds)

## **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.

This announced inspection of Your Life (Leeds) took place on 2 August 2017 and was carried out by an adult social care inspector. The provider was given 48 hours' notice; this was to enable us to meet people receiving a personal care from the service and was in consideration of their needs and to ensure they would be available to speak with us.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and what improvements they plan to make.

We checked our records to see what notifications had been sent to us by the provider. This showed us how they had responded appropriately to accidents and incidents that affected the people who used the service.

The local authority safeguarding and performance teams were contacted prior to our inspection, to ask them for their views on the service and whether they had any on-going concerns.

During our inspection, we spoke with the four people who received personal care from the service. We looked at their care records and observed how staff interacted with them during our visit.

We spoke with the manager, an area manager, a senior duty manager and two members of care staff. We also looked at records relating to the training and recruitment of staff, together with information relating to the management and running of the service, such as quality audits, minutes of meetings and performance reports.

# Is the service safe?

## Our findings

Everyone receiving personal care from the service told us they felt safe and enjoyed living at Thackrah Court. They told us they trusted the staff from Your Life (Leeds) with whom they had developed close relationships with. People told us they were supported to make choices about their lives whilst being protected from potential harm.

One person told us: "We are well looked after, it is champion here and I feel safe. They [care staff] assist and come in the morning and give me my pills, which I know I would otherwise forget." Another person told us, "I feel and look so much better, and they make me feel secure."

People who used the service and care staff were positive about the staffing arrangements at Thackrah Court. People said care staff were reliable and took their time to ensure their wishes and personal dignity were positively promoted. They told us care staff did not hurry or rush them. Everyone said care staff visited them at times that had been agreed and stayed for the correct length of time and had never missed a call.

We found care staff worked closely together and were supported by the manager of the service. The manager advised staffing arrangements were organised to ensure sufficient numbers of care staff were available with the right level of skills and experience to safely meet people's needs. The manager explained staffing rotas were organised to ensure a consistent set of care staff were available and that additional cover could be provided for people if this was required. We saw a rota was in place to help care staff plan their work and enable people who used the service to know who was available or on duty.

People told us they felt care staff were recruited well. We saw evidence in staff files that prospective employees were screened before they were allowed to start work for the service. This enabled the provider to minimise risks and helped ensure potential job applicants did not pose a risk to people who used the service. Staff files contained confirmation that clearances had been obtained from the Disclosure and Barring Service (DBS) which demonstrated they were not included on an official list that barred them from working with vulnerable adults. There was evidence references were appropriately followed up for new staff before offers of employment were made to ensure they were of good character. We saw that checks of employee's personal identity and previous employment experience were made, to enable gaps in their work history to be explored.

Safeguarding procedures were available that were aligned with the local authority's guidance on this. We saw that training on the protection of vulnerable adults had been provided that was refreshed on a regular basis, to ensure care staff were aware of their responsibilities for recognising and reporting potential incidents of abuse. Care staff were familiar with different forms of abuse and confirmed they were aware of their duty to 'blow the whistle' about incidents of poor practice or concerns. Care staff confirmed they would report issues of potential concern to the manager and had confidence appropriate action would be taken, including the use of disciplinary procedures when this was needed.

There was evidence the service adopted a positive approach to the management of risks which recognised that people had a right to choose to take risks. We saw people's care records contained a range of assessments to determine potential risks and how people's support was safely managed. We found these assessments focussed on issues including aspects of people's environment, moving and handling and their medicines support arrangements. We found that incidents and accidents that occurred were monitored with action taken to minimise them from reoccurring and that these were analysed by the provider to enable potential trends to be highlighted.

We looked at how people using Your Life (Leeds) were assisted with their medicines support, where this was agreed as part of their personal care arrangements. People told us they were happy with this aspect of their support and said that care staff provided these to them as prescribed by their GP. There was evidence that training had been provided to care staff on the safe use and administration of medicines before they were able to provide people with their medicines support. We saw Medication Administration Records (MARs) were used by care staff to record when people had taken their medication or reasons for non-administration. We found people's MARs had been accurately signed and were up to date and that management audits of people's medicines were regularly carried out. This helped ensure people's medicines were correctly administered and that actions were taken to minimise potential errors where shortfalls had been noted.

Arrangements were in place to deal with emergency situations and we found contingency plans were available to deal with unforeseen situations, such as outbreaks of fire or flood. We saw this included use of evacuation plans together with access to vital information, such as personal contact details and check lists for use by emergency services if this was required.



## Is the service effective?

### Our findings

People who used the service were positive about the personal care they received and felt their quality of life was promoted by care staff who were skilled in meeting their needs. People told us their needs were met by a regular and consistent group of staff who were flexible in their approach.

People told us new care staff were introduced before they started providing personal care to them in order to help them get to know and understand people's preferences and choices. One person told us, "The staff are well-trained and they help me with what I need" Another person said, "We usually have a bit of a natter and sit down and have a chat, it's really rather pleasant."

The assisted living development had a restaurant facility where people could choose to eat together if they wished. We observed care staff helped people to access these facilities when this was required. We found people's care records contained details about the help and support they needed to ensure their dietary needs were appropriately met, together with details about their personal preferences for these. People also told us care staff assisted them to prepare their meals, depending on their personal choices for this. We observed positive and friendly relationships existed between the people who used the service and care staff who supported them. We observed people engaging and chatting with others who lived in the assisted living development whilst eating their meals.

We saw a range of training and development opportunities were provided to ensure care staff had the right skills to effectively meet the needs of people who used the service. Care staff told us they enjoyed working for the service and confirmed an induction was provided for them; this included shadowing more experienced staff before they were allowed to work on their own. We found the staff induction programme was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure care staff have the right set of skills, knowledge and behaviours. There was evidence in records of courses undertaken by care staff on a variety of topics, including medicines management, safeguarding people from harm, moving and handling, communication, emergency first aid, food hygiene, health and safety, infection control. We found additional training on the specialist needs of people who used the service such as dementia awareness. The service had not yet signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. The manager confirmed they would see if this could be arranged.

Care staff confirmed they were encouraged to undertake recognised external qualifications to help develop their careers and ensure they had the knowledge and skills to enable people's health and wellbeing to be promoted. Care staff told us they received supervision and appraisals of their performance and skills, which we found involved individual meetings with senior members of staff. The manager told us team meetings and direct observations were used to monitor care staff and implement good practice. A member of care staff told us, "I enjoy the training and have learnt lots of things. I have an NVQ 2 and am currently working towards my NVQ 3."

We observed people who used the service appeared comfortable with care staff, and it was clear their individual needs were known very well by them. We found care staff demonstrated patience and kindness whilst respecting people's wishes and preferences for their support. People told us care staff were sensitive to meeting their specialist needs and we observed them listening carefully and talking with people in a way that could be understood.

There was evidence in people's care records of a range of support plans that had been developed to address their individual medical conditions. People told us they were happy with this aspect of their support and that the service worked in partnership with them. We saw evidence of liaison and involvement with healthcare professionals where this was required and were told that when needed, people were supported to attend appointments, for example GP's, opticians and consultants.

People confirmed care staff always sought their permission before undertaking personal care tasks with them and made sure they were in agreement with this. We saw documentation about obtaining consent from people was available in their care records to demonstrate their agreement with issues concerning the provision of their personal care and support.

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.

The service had a policy and procedure on the MCA and Deprivation of Liberty Safeguards and staff had received training on these issues. Care staff told us they understood that people had the right to make their own decisions where ever possible and that the people they currently looked after all had capacity to make their own decisions in relation to care and welfare. Care records we looked at showed that people, and those with an interest in their lives, had been included in regular reviews and decisions about their support.

Applications to deprive a person of their liberty must be made to the Court of Protection, when they live in their own home. The manager told us no applications had been made to the Court of Protection at the time of our inspection, because there was no one currently being deprived of their liberty. People we spoke with told us that they were not subject to any forms of restriction and were able to freely come and go as they wished. We observed this throughout our inspection visit with people choosing to spend time where they wanted, including accessing the local community when this was required.

# Is the service caring?

## Our findings

People commented positively about the caring approach adopted by care staff. They told us care staff were considerate and kind. One person said, "I look forward to seeing them; they treat me with dignity and respect." Another person told us, "I am happy with the care staff; they are absolutely charming and polite." Another commented, "They [care staff] couldn't be nicer; they are very good and kind."

People told us they were involved in reviews of their care and support to ensure they were happy with how this was delivered. The reviews provided opportunities for changes to be made regarding their preferences should this be required. People told us they were involved in decisions concerning their personal care.

We found care staff were respectful of people's privacy and people told us their personal dignity was maintained. We observed care staff interactions with people were open and friendly and saw they involved people in decisions concerning their wishes and feelings in a sensitive way. Care staff demonstrated consideration for people's individual needs and it was evident they were knowledgeable and familiar with their preferences for support.

People's care records contained plans of support to help care staff promote their individual needs in a personalised way. People's care records contained details of their past histories and lives to help care staff to get to know people and understand their individual strengths, aspirations and what was important to them. People told us they were encouraged to maintain their independence and undertake their own personal care where this was possible. Care staff told us they prompted people where appropriate, to undertake certain tasks to enable their independence to be maximised. The manager told us, "Our care planning process ensures a consistent approach to the provision of care services. It enables the service to be tailored to the people's needs and preferences. Because we are an on-site service with a small staff team, people have continuity of workers which is very important to them." Throughout our inspection, we observed care staff demonstrated kindness and consideration for people's individual needs in a professional and cheery way. We saw that care staff offered people choices about things and how they wanted their personal care to be carried out.

We found that care staff respected the need to maintain people's confidentiality and did not disclose information to people who did not need to know. We saw information about people's needs was securely stored and that details that needed to be communicated about them was passed on in private.

There was a range of information available to help people know about what to expect of the service and who to contact when this was required. We saw regular meetings with people took place to ensure they were made aware of developments concerning the service and enable them to provide feedback and suggestions to help it to learn and develop. The manager told us, "The approach of the company and the managers is a caring ethos. We believe the most important factor is having a good staff team who understand people should be treated with kindness and compassion."

## Is the service responsive?

### Our findings

People confirmed they were involved in decisions about their support to ensure it was personalised to meet their needs. People were happy with the way their personal care was delivered and told us they were confident any concerns or complaints would be appropriately addressed.

One person said, "They [care staff] are very good, I feel I can ask if I need any more help and it would be arranged." Another person commented, "I have no complaints, I feel they would do something to sort any issues quickly if it was required."

There was evidence assessments of people's needs were carried out when they first moved into the assisted living development. We saw plans of support had been developed from these to enable people's needs to be met in a personalised way and ensure their wishes and preferences were upheld. We found people's plans of support covered a range of issues concerning their personal care, which included their details about their mobility, aspects of the environment, dietary needs and medicines support arrangements. These provided guidance to enable care staff to promote people's wishes for self-control.

We found known risks to people had been identified in their plans of support, which were reviewed and evaluated on a regular basis to ensure they were kept up to date. Information was included in people's care records and documented their individual strengths, preferences and aspirations, together with details about their families and who was important to them. This helped care staff get to know and understand people in order to deliver a service that was tailored to meeting their needs. People confirmed they contributed to the assessment and planning of their support and were included in reviews to ensure they were happy with how this was delivered and to enable their care records to be accurately maintained.

People were able to participate in a variety of social activities that took place in the assisted living environment to enable them to have opportunities to enhance their personal wellbeing and reduce potential risks of social isolation.

There was a complaints policy in place to ensure people's concerns were followed up and acted on when required. People confirmed they knew how to raise a complaint and were confident any concerns would be addressed and resolved wherever this was possible. People told us staff listened to ensure they were happy with the service provided. They also said they were consulted about their views and whether improvements could be made to the service.

The manager advised they maintained an open door policy and welcomed feedback as an opportunity for learning and developing the service. They told us, "People are encouraged to provide feedback on the services they receive. Our complaints policy actively promotes feedback from people, regarding complaints as opportunities for us to improve our services. Complaints are followed up as quickly as possible, or at the time, if that is possible. Formal complaints are sent to the complaints administrator and our area manager who ensures they are dealt with and any learning can be shared across the company. The area manager

also meets with people who use the care services, to get individual feedback and discuss any areas of concern."

# Is the service well-led?

## Our findings

People who used the service confirmed they were satisfied with the level of service provision. They told us the manager was approachable and they had confidence in them.

We found the manager had recently returned to work following a period of illness and was looking forward to resuming their duties. Care staff told us the manager was fair and that they worked well as a team. One member of care staff commented, "[Name of manager] promotes a positive atmosphere throughout the service and people are pleased they are now back at work, you can see it in their faces."

There was evidence the manager had a range of knowledge and experience that was relevant to the service. We found they were aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and notifiable events which occurred during the delivery of the service. They said they attended meetings and conferences with regional colleagues to enable their skills to be maintained and kept up to date. They told us they were encouraged to undertake additional training to enable them to develop their careers.

There were well organised administrative systems in place to support the effective running of the service. The area manager from the provider's organisation confirmed they conducted regular monthly visits to support the manager and enable the quality of the service to be monitored. We found a range of governance systems were available to enable the manager and provider to assure and assess the quality of the service provided and take action to resolve issues when this was required. We saw these included a range of audits, such as reviews of people's care plans, medicines support arrangements, accident and incidents, staff training and development, and the environment, including a programme of regular checks to ensure people's health and safety was effectively maintained. There was evidence that on-going action plans were produced to address issues that were identified and ensure the service continually improved. We found the audits focussed on the key fundamental standards used by the Care Quality Commission and saw these consistently showed highly rated scores of over 90%.

People who used the service, their relatives and staff told us the manager welcomed their ideas and suggestions to help develop the service. They told us the manager was approachable and had a 'hands on' approach to ensure they were aware of issues affecting the service. We found that satisfaction surveys of people's views were used to enable them to participate and influence the way the service was run. We saw the findings from these were very positive with scores given from people of 10 out of 10 and one for nine out of 10 which included a comment stating, "I never give 10 out of 10 – there is always room for improvement. I am very happy but perfection does not exist!" We saw other recent comments from people included, "I am very happy to live here and grateful for the care and support the staff gave to my daughter" and "No improvements needed." There was evidence of regular consultation with people and that meetings were held to enable people to have a forum for expressing their views.

Care staff told us the manager was supportive and caring. One told us, "Management listen to us and act on

our views; the manager has recently improved the supervision structure to enable us to be better supported." We found regular meetings were held to enable leadership and clear direction to be provided to care staff by the manager. This ensured care staff could understand what was expected of them and be clear about their professional roles and responsibilities. Minutes of staff meetings provided evidence that issues discussed focussed on enabling people's wellbeing to be promoted and ensure support was appropriate for their needs.

Care staff told us they felt valued and that their skills were respected. They told us communication was open and they were encouraged to develop their skills and question practice. We saw evidence in staff files of individual meetings with senior staff to enable their attitudes and behaviours to be monitored and appraised against the provider's key values of passion, responsibility, innovation, determination and excellence (PRIDE). Care staff told us the manager listened to their ideas to help the service learn and improve and that they received feedback about their work in a constructive and positive way.