

# Yourlife Management Services Limited

## Your Life (Malvern)

### Inspection report

Cartwright Court  
Victoria Road  
Malvern  
Worcestershire  
WR14 2GE

Tel: 01684892076

Date of inspection visit:  
09 December 2015

Date of publication:  
05 February 2016

### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 9 December 2015 and was announced.

Your Life (Malvern) provides personal care for people living in a purpose built complex where there are individual flats with shared facilities that included a dining and activity room. There were four people receiving personal care when we inspected and there was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they felt safe with care staff that provided their care in their home. Care staff knew the potential signs and risk of abuse and the action they would take to protect people. People's risks had been looked at and reviewed. Care staff knew these risks and what to do how to minimise the risk of harm. There were enough care staff to meet people's needs at the times people had requested. People we spoke with looked after their own medicines; however staff had been trained and knew the steps to follow where people required support. Care staff received regular training and were knowledgeable about the support provided to people.

People's consent was appropriately obtained by staff when caring for them. Care plans were in place which detailed the care people wished to receive. People had the choice to have their meal purchased from within the housing scheme but this was not provided by the care staff. People told us they looked after their own healthcare appointments as required to meet their needs. Care staff would then follow any advice as required.

People told us they got on well with the care staff when they visited and the care they had received met their needs. They also felt care staff encouraged them to be involved in their own care and were comfortable that their dignity and privacy was respected.

People knew the registered manager and felt they were available when they needed to contact them. Care staff felt the management team listened to and involved them when providing feedback on the service. The management team ensured regular checks were completed to monitor the quality of the care that people received and had identified areas they felt would improve the service for people.

## 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 care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet the care and social needs and manage risks.

### Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People accessed health professionals when required and care staff followed any advice as required.

### Is the service caring?

Good ●

The service was caring.

People were happy that they received care that met their needs, reflected their individual preferences and maintained their dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed. People who used the service were confident to raise any concerns if needed.

### Is the service well-led?

Good ●

The service was well-led.

People and care staff were complimentary about the overall

service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

---

# Your Life (Malvern)

## 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 inspection took place on 9 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider had 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 reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with three people who used the service and one relative. We spoke with two care staff, one duty manager, the registered manager and the provider.

We looked at three records about people's care, incident forms and quality audits that the registered manager and provider had completed.

## Is the service safe?

### Our findings

All people we spoke with told us that they felt safe while staff were in their home and providing their care. One person told us, "Staff keep an eye out for people". Another person said that knowing staff were coming regularly meant that they felt safer to remain in their home.

Care staff we spoke with were clear about how they protected people from the risk of abuse and harm. They were confident to report any concerns to the management team if they suspected any abuse or concerns. Although they had not had to do this, they felt assured the management team would take action. They understood from the training they had received about the types of abuse people were at risk of and how people may react. For example, if a person's personality changed or they became withdrawn. Staff told us about how they accessed people's home and left the home as instructed or detailed in care plans. For example, ensuring the door was locked or left clear and tidy.

When people first requested care they had been asked about the care they needed and what their risks were to help identify ways to reduce the risk of harm. These were then reviewed regularly or if there were any changes in the person's health. All three people we spoke with told us that care staff followed the plans that were in their homes. The provider had also assessed the risks for care staff working in people's home. For example, how the layout of the home may impact on the care provided. Care staff told us they provided support in a safe way. For example, one care staff told us, "We look at the risks assessments, make sure that hand rails are used and wheelchairs where needed".

The registered manager monitored the incidents, accidents and falls that people had and when they happened. The provider then reviewed all incidents monthly to see if there were any risks or patterns that could be prevented in the future. For example, the place or time of the incident.

All people we spoke with told us that the care staff arrived when they should and they were never concerned that a call would be missed. The registered manager told us they had enough staff to cover the number of calls people required. They also ensured that people received care from the appropriate number of staff with the right skills. For example, all care staff had the same training so they were able to meet all people's needs. Everyone we spoke with felt they had 24 hour contact details numbers if they needed advice or help when the office was not open. The contact phone line was covered by duty managers who were always available in the office within the complex.

Three people we spoke with told us they managed their own medicines, however staff provided helpful reminders when providing care. Where people required the support of staff with their medicines the staff were trained and had an understanding of what the medicines were for. The registered manager looked at people's medicine records monthly and where any gaps or concerns had been noted the care staff were supported with supervision and training.

## Is the service effective?

### Our findings

All people we spoke with told us they were confident that staff knew the support they needed and how to provide it. One person said the care staff, "Know what's needed". One family member that we spoke with said, "I know the staff receive training and listen to us about how to provide the care that's needed".

All staff told us they felt they had the skills and knowledge to provide people with the care they needed. They felt that the training and support from the registered manager in supervisions and observations in people's home helped them provide the right care. One member of care staff said, "It's a good place with supportive managers". Staff also felt the managers were always available to talk to if they needed advice.

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. People's consent to their care and treatment had been recorded in their care plans. Records showed the involvement of the person wishes and needs or how decision had been made in their best interest.

All care staff we spoke with told us about the MCA and what it meant for people who were not able to make decision around particular aspects of the care. For example, large financial purchases or medical treatment. They ensured they always listened to a person's choice about how they preferred to receive personal care and would not do something against the person's wishes.

Three people we spoke with told us they did not receive any support with meals. The information about each person's nutritional requirements had been recorded for staff to refer to. For example, people received a soft diet or received one to one support to eat their meal.

Care staff knew about the types of specialised diets that may be needed and how to support people if required. All care staff we spoke told us that us if a person needed help with meal preparation they would follow the person's choice.

All people told us they or their relative supported them in looking after their health appointment. All care staff we spoke with said they would help people arrange appointment if needed. Staff also said that would work alongside other health professionals to help people get the care at home they needed. For example, the district nurses to monitor a person's health.

## Is the service caring?

### Our findings

All people we spoke with told us they knew all the care staff and they got on well. People were also pleased that they had regular care staff and that this helped in getting to know them and their personalities. One person told us that the staff were, "Great," and that, "They always ask how you are and are genuinely interested".

People told us staff chatted to them to find out about them and what was happening in their day to day lives. However, people also felt able to limit information about their private lives and how much they shared with the care staff. One care staff said, "It's their home, we do not intrude on their private lives". Where people lived with relatives they were also included in conversations with care staff. One relative said that "We know them (care staff) all really well. If we see them out and about we always say hello".

Staff explained they enjoyed getting to know people by chatting with them and their families. As people lived in an extra care housing setting people were able to access communal dining and recreational space. One person said there were, "Such good relationships. It's a nice community atmosphere". Care staff told us people's care plans gave them information about the person and topics that may interest them. One person told us that "They know us almost as well as family members".

People we spoke were involved in their care and were able to tell care staff the care they wanted or needed. One person said, "They are flexible when they are here". People also felt that where staff knew them very well, that they got into a routine that suited their preferences. People said when they had requested care calls the registered manager came and talked about their care needs and when they needed it. People told us they were happy that this was the care they received at the times agreed.

All people felt involved in their care and that care staff offered encouragement so they could maintain their independence in their personal care. One person said, "Staff will listen to what I say". Care staff explained that they always involved people in decisions about their care. People told us that care staff respected their home and that their privacy and dignity was respected. Care staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained. All relatives felt comfortable with the care staff and how their relatives care was provided.

When staff discussed people's health and well-being the conversations were respectful. We saw that when staff were talking to people they were kind and helpful, and provided assurance to people where required.



## Is the service responsive?

### Our findings

All people that we spoke with told us they got the care and support they wanted. They felt involved in setting up the care plans and could request changes as required. For example, the number or length of each call. One person told us that care staff recorded the care provided and if there were any changes. We saw that the registered manager reviewed these records monthly to ensure that care was meeting people's needs. Changes to people's care or support needs were communicated to care staff and they confirmed they were kept updated to any changes immediately.

All care staff we spoke with knew each person well and understood the exact care and support they needed. For example, if people had a particular illness they knew how it affected the person and what actions to take if something changed. People's care records were reviewed and updated regularly or when a change had been required.

All people and staff we spoke with felt that records reflected current care needs. Records we looked at detailed people's preferred way to receive care and provided guidance for staff on how to support the individual. For example, the steps to follow and where people were able to manage parts of the tasks. The care received had been reviewed regularly by the registered manager and people said that they would be happy to discuss any changes that they would like.

People we spoke with told us that they were happy with the care and support they received. No complaints had been raised in the last 12 months, however all people said they were comfortable to approach the staff to raise issue or concerns. Each person that used the service had regular visits from a member of the management team to collate and update paperwork which they felt provided an opportunity to raise any comments.

The provider had a formal complaints process in place and this had been included in people's paperwork when they first accessed the service. The process gave people the names and numbers of who to contact and the steps that would be taken to respond to and address any concerns.

## Is the service well-led?

### Our findings

All three people we spoke with told us they were supported by care staff they knew and were confident in the way the service was managed. One person said, "They are very understanding". People told us the onsite office was there to contact staff and they could call at any time and the call was always answered. The provider ensured that help or assistance was available at all times from a duty manager. People had also been asked for their views about their care and visited in their home by the registered manager.

Care staff told us the registered manager was approachable, accessible and felt they were listened to. Care staff told us they felt able to tell management their views and opinions at staff meetings. One care staff said, "There is always a manager available", which they said supported both them and the people they provided care for. One care staff said, "We (care staff) come together and if we have an idea we can raise it as one team to the managers". The registered manager told us that they had a good team of staff that supported people to remain in their own homes.

The registered manager followed the provider's values to provide good quality care for people. These were available to people in the literature provided when they started using the service. All care staff that we spoke were aware of and were supported by the registered manager to follow these values. They were supported at team meetings and supervisions to discuss any concerns. One care staff said, "We all get on well, share ideas and talk to each other".

All aspects of people's care were reviewed and updated. For example, people's care records, staff training and incidents and accidents records. The manager said they had regular and consistent support from the provider. The registered manager looked at where they felt improvements were needed. For example, providing additional training for domestic staff so they could provide care and support.

The manager told us that they kept their skills and knowledge current and used external resources and training. They also referred to external guidance and organisation such as The social care Institute for Excellence and Skills for Care. They had used this to make changes to ensure they and their care staff were up to date with current ideas and changes in the care sector.