

Yourlife Management Services Limited

Your Life (Sutton Coldfield)

Inspection report

Poppy Court
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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 4 August 2016. This was an announced inspection.

At the time of our last inspection in February 2014, Your Life (Sutton Coldfield) was found to be meeting all of the essential standards relating to the quality and safety of care.

Your Life (Sutton Coldfield) provides a domiciliary care service to people living in their own homes in a supported living complex called Poppy Court. At the time of our inspection, 13 people were receiving the regulated activity, personal care, from the provider.

There was not a registered manager in post at the time of our visit because the person who was registered to manage the service had recently left. However, the provider had appointed a new manager who was in the process of applying for their registration with us. 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.

The service was safe because people were protected from the risk of abuse and avoidable harm and staff were aware of the processes they needed to follow. People were supported by enough members of staff who knew them well enough to ensure their needs were met. We also found that people received their prescribed medicines as required.

The service was effective because people received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively. People received care and support with their consent, where possible and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed. People were also supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was caring because people were supported by staff that were friendly, caring and supportive. People received the care they wanted based on their personal preferences and likes and dislikes because staff took the time to get to know people well. People were also cared for by staff who respected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

The service was responsive because people and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand. People were also encouraged to offer feedback on the quality of the service and knew how to complain.

The service was not always well led because the provider had some quality monitoring processes in place to monitor the safety and quality of the service. However, it was not always clear how this information had been analysed or used to improve the service.

Staff felt supported and appreciated in their work and reported Your Life (Sutton Coldfield) to have an open and honest leadership culture.

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 were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members of staff to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible, and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People received care and support to maintain a healthy diet and had food that they enjoyed.

People were supported to maintain good health because they were supported to access health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were friendly, caring and supportive.

People received the care they wanted based on their personal preferences and dislikes because staff were dedicated and committed to getting to know people.

People were cared for by staff who respected their privacy and dignity

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were supported to maintain positive relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had some quality monitoring processes in place to monitor the safety and quality of the service. However, it was not always clear how this information had been analysed or used to improve the service.

Everyone we spoke with were consistently positive about the acting manager and staff felt supported and appreciated in their work and reported Your Life (Sutton Coldfield) to have an open and honest leadership culture.

Your Life (Sutton Coldfield)

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 was an announced inspection. We gave the provider 48 hours' notice to let them know we would be visiting the service, because we needed to ensure someone would be available at the office. The inspection took place on 4 August 2016 and was conducted by one inspector.

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 any improvements they plan to make.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also received feedback from the local authority with their views about the service provided to people by Your Life (Sutton Coldfield).

During our inspection, we visited the location which was situated within the extra care housing complex, Poppy Court. The acting manager informed people living at the complex that we were visiting the service and some of the people who were receiving support from the provider requested to speak with us. We spoke with three people and one relative. We also spoke with six members of staff including the acting manager, the care compliance manager, the regional manager, a duty manager and two care assistants.

We reviewed the care records of two people, to see how their care was planned and recorded. We also looked at training records for all of the staff that worked for the provider and at two staff files to look at recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including feedback surveys and forums, health and safety audits, compliments and complaints as well as the policies and procedures for the service.

Is the service safe?

Our findings

Everyone we spoke with told us that they were happy with the care that people received from Your Life (Sutton Coldfield) and they were satisfied that people were safe. One person told us, "It was a big decision for me to come here and receive care, but I have never regretted it, they [staff] make me feel safe and secure; it's a relief to know they are there". Another person said, "I feel so safe". A relative we spoke with told us, "I have no concerns at all, I know she [person] is safe; I could go away for a month and trust that they would take care of her and she would be safe".

All of the staff we spoke with felt that the provider promoted the safety of people. Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We have safeguarding training, it's about protecting people from the risks of abuse and making sure they are kept safe; we all know the number if we need to raised anything, but we would go to [acting manager's name] first". Another staff member said, "If we are concerned about anything at all we have to report it. I would go directly to the duty manager or [acting manager's name] to report it". Records showed that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies. The acting manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. Information we hold about the provider showed us that where a safeguarding concern had been raised, this had been reported appropriately and fully investigated by the relevant authorities. The safeguarding team told us that they were satisfied that the provider had taken all of the appropriate action required in order to promote the safety of people they were supporting.

Everyone we spoke with told us that staff knew how to keep them safe in an emergency. One person said, "I have had a lot of falls recently, all I have to do is press my alarm and they come to help me and they call for the paramedics; they stayed with me to make sure I was ok until my daughter arrived". Staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. One member of staff told us, "We have emergency and basic first aid training as soon as we start as part of our induction; in an emergency we would assist a person, make sure they were safe and comfortable and call 999".

Staff we spoke with and records we looked at showed that people had risk assessments in their care files such as medication and environmental risk assessments, and that these were reviewed and updated regularly in accordance with people's changing needs. One member of staff said, "We get to know people well, but we always check their care plans and risk assessments to see if anything has changed; they are useful".

Everyone we spoke with told us they thought there was always enough staff available to meet people's needs. One person told us, "It gives me peace of mind knowing they [staff] are here 24 hours a day". A relative we spoke with said, "There is always someone here 24 hours a day and if you need anything, there is always someone around to ask; [person's name] just has to press the buzzer and someone will come quickly". Staff we spoke with did not raise any concerns about the staffing levels within the service. One

member of staff told us, "The work is shared between us on the rota so there is enough of us". The acting manager told us that they have 'relief staff' who are available if they need to cover any planned or short notice absences and there is always a duty manager on site to help out if required. This meant that there were contingency plans in place to ensure that people received the care and support they required when they needed it.

We were told that some of the people receiving support from the provider required assistance to take their medication and that all staff had received training on the safe administration and management of medicines. One person we spoke with told us, "They [staff] give me my tablets". A relative said, "They are very good, if they are unsure about anything to do with the medication, they will always call me". The staff we spoke with were aware of the disposal policy for unwanted or refused medication. Processes were in place to identify missed medication early such as hand overs between staff and daily and weekly medication checks. Any medication errors were recorded and reported as required and the acting manager reviewed people's medication administration records on a weekly basis.

Staff we spoke with told us they had completed a range of pre-employment checks before working unsupervised. We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. This corroborated the information that had been shared with us by the provider in the Provider Information Return form (PIR).

Is the service effective?

Our findings

Everyone we spoke with and records showed that the staff that provided care had the knowledge and skills they required to do their job. One person told us, "They [staff] are very good". A relative we spoke with said, "The staff are very very good, excellent, 100%". One member of staff we spoke with said, "We do a lot of training, particularly at induction and within the first six months, they [provider] make sure we have the skills we need very early on and then we do refreshers to make sure we stay up to date with everything". The acting manager told us that all of the staff received on-going training and supervision to make sure they keep up to date with the training that they require to do their jobs effectively. They also told us that they carried out observations and spot checks on staff performance to ensure care was delivered to a high standard and as required. We saw that records of staff training were kept within each staff members' personal file, which were up to date and reviewed during supervision.

We were told and records showed us that the provider offered regular team meetings and supervision to staff and that staff felt supported in their jobs. One member of staff told us, "I feel very supported; [acting manager's name] is marvellous and I can go to her with anything, big or small and I know I will be supported; I don't have to wait for supervision". Another member of staff said, "We have team meetings once a month; it's good to discuss things as a group and get feedback from things that are going on within the company; we talk about any changes or updates and we can raise anything if we need to". They said, "We do get listened to and things get addressed". This corroborated the information that had been shared with us by the provider in the Provider Information Return form (PIR).

It was evident when speaking to the acting manager and the staff they had an understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 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. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "We always give people choices and encourage them to make decisions for themselves". Another member of staff said, "If people have dementia, for example, we prompt them and use short sentences with simple language to enable them to make their own decisions and encourage them to live their lives as independently as possible; that's what this type of housing is all about". It was clear from the records we looked at that the provider had taken in to consideration people's capacity to make decisions and the processes they had followed to make decisions on behalf of people in their best interests. For example, in one person's care plan we saw that their next of kin had been involved in the assessment process and there was information all about the person's histories, likes, dislikes and preferences and that a best interest decision making process had been followed.

The MCA (2005) also requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment and to notify the local authority, who will in turn submit an application to a 'supervisory body' (Court of Protection) for the authority to deprive of a person's of their liberty in order to

keep them safe, for example. The provider was able to articulate their understanding of the legislation relating to the deprivation of liberty and was aware of their responsibilities within a community service. The acting manager told us that there were no applications to the Court of Protection in process or authorisations in place at the time of our inspection because all of the people living at Poppy Court had the autonomy to come and go as they pleased, either with or without the support of their family and/or staff.

People we spoke with were happy with the food that the staff prepared for them. One person we spoke with told us, "They only prepare what I have available and I tell them what I want, they do a good job!". Staff we spoke with told us that people living at Poppy Court could enjoy a meal together in the dining room or they eat in their own apartments and sometimes people needed support to prepare their own food. One member of staff said, "Most of the time people come down to the dining room, they like the food here but other times we will support them to prepare a meal, I always ask them what they fancy, or what they need me to do... even if I know what they will say, like at breakfast it can be quite predictable for some people, they always have cereal or toast, but asking them is respectful and gives them control".

We saw that people had care plans relating to their dietary needs. These detailed people's specific health related needs such as diabetes or allergies, as well as their likes, dislikes and preferences. We also saw that the care plans were written to encourage staff to offer choice. For example, one care plan we saw read, "For breakfast I would like to be asked my preference daily, but on most occasions I like cereal mix with 1 Weetabix, 1 teaspoon of sugar, hot water and cold milk". A relative we spoke with also told us, "The staff recognised that [person's name] wasn't eating much, so they adjusted the portions so she didn't feel overwhelmed and gradually increased it as her appetite increased".

Everyone we spoke with and records we looked at confirmed that people were supported to maintain good health. One person said, "If I have had a fall and they think I need to see a doctor or go to hospital they always help me to go". We also found that the service supported people to attend medical appointments where needed and family were kept informed, with people's consent.

Is the service caring?

Our findings

Everyone we spoke with were consistently positive about the caring approach of the service and the individual staff members. One person we spoke with said, "They [staff] are so good, caring and confident". They said, "They [staff] are all so kind and caring and helpful, so understanding and supportive". Another person said, "I have nothing but positives to say, they are all just so lovely and brilliant". A third person we spoke with said, "They [staff] are absolutely lovely, kind and always there when you need them, whatever it is, you can just ask and they will help you". A relative we spoke with told us, "They [staff] are faultless; they are all lovely, always greeting you with a smile to cheer you up, it's like family here". They said, "They [staff] go above and beyond, nothing is ever too much trouble, they do everything they can to keep people in their homes for as long as possible, they are just faultless". We saw that the provider had received compliments from a family member that thanked the staff for the 'care and tenderness' they 'gave so readily' to their loved ones. It goes to say, "The warmth towards my parents is absolutely priceless, we have been able to rest assured knowing that they are in loving, dependable and capable hands".

From visiting the provider's office at the extra care housing complex, we observed some of the interactions between the staff and the people that they provided care to. It was evident that staff had developed positive relationships with people and that people felt comfortable in their presence. We saw staff interacting with people with warmth, compassion and with an appropriate level of familiarity. Relatives we spoke with told us that this extended to their contact with the staff too and that they had also built 'trusting', 'supportive' and 'friendly' relationships with the staff. One relative told us, "I know that she [person's name] is in good hands and that she is well cared for, they [staff] treat everyone like family; even me, it's just lovely". The provider told us in the PIR that staff were encouraged and supported to develop positive relationships with people and to provide person centred care. This was evident through our observations and from conversations we had with people during our inspection.

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. They said, "We get to know people really well and when people first start receiving care, we make sure we read their personal files so we get to know a bit about them, their histories, what they are interested in, because it helps to start conversation and to build that report; especially during personal care, it breaks the ice a bit". Another member of staff said, "Many people have lived here for years, so even the people we don't provide personal care to, we get to know them all and support them all in one way or another, with their domestic tasks and in the communal rooms". Records we looked at showed that people had personal profiles that had details about their personal histories and people and things that were important to them.

During the inspection, we saw that staff adapted their communication and interaction skills in accordance to the needs of people. Staff we spoke with told us that this helped them to ensure people were involved in their care. For example, we saw a member of staff increased the volume of their voice to speak with a person who was 'a little hard of hearing', on their request. Everyone we spoke with told us and care files we looked at showed us that staff ensured that people were involved in making choices and decisions about their care and that where possible, care was provided to people with their consent. One person said, "Oh, they always

talk to me and it's always my decision and my choice, they are very respectful in that way". One member of staff told us, "We speak to people every day about what they want and what they need and to make sure they are happy". We saw that staff supported people to offer their feedback on the service they were receiving and to make any suggestions or changes to their care.

During our inspection, we found that people were encouraged to maintain their individuality and independence. Everyone we spoke with told us that staff supported them to remain as independent as possible and they received the help they needed, when they needed it, in the way they wanted it. One person said, "I have actually become more independent since coming here, because they have helped me and reassured me with my anxieties; when I first came I had three visits a day, now I only have the one". Staff we spoke with also told us of how they supported people to maintain their everyday skills, such as cooking, shopping and house work as much as possible. One member of staff said, "For a lot of people this is the in between, between staying at home and needing a bit of help; so we want to maintain their independence as much as possible and hopefully they can remain here with our support".

Everyone we spoke with told us that staff treated people with dignity and respect and staff we spoke with were able to explain how they respected people's privacy. One person said, "They are very respectful, we just have some fun to make light of it and break the ice". Another person told us, "They are very professional, they mind your privacy and are very respectful; they never talk to you about anyone else, even if you ask out of concern, so I know they keep my business private too". One member of staff said, "We get to know people and know what they like, some people like you to turn your back and hand them things just as they need them, other people tell you to stop making a fuss [about privacy] and get on with it [laughed]". Another member of staff told us, "We are mindful of respecting people's privacy; we always knock before we enter and wait for people to welcome us in to their homes, make sure we keep their information private and confidential, during personal care, some people just like the reassurance that we are there so we help them get everything together and support them in to the bathroom and then we wait outside until they call us in for assistance".

Is the service responsive?

Our findings

We found that people and/or their representatives were consulted about their care; this ensured that people received the care they needed in the way they wanted it. One relative we spoke with said, "They review things regularly and make sure it's [care plan] what is needed; they are very flexible and very responsive, if something needs changing it is done there and then, and we don't have to wait for a review, we can tell them any time". We saw that staff had spoken to people about the service and engaged in conversations about whether they were happy or if they wanted anything in their care plans to be changed, which were then updated.

Whilst it was not part of the regulated activity for a domiciliary care agency, people we spoke to wanted to tell us about the support they received from the staff to enable them to engage in activities that they enjoyed together. We were told that staff supported people to arrange different activities within the complex, such as keep fit classes, bingo nights, games nights and fish and chip super evenings. One member of staff told us, "We speak to people about their hobbies and interests and things they enjoy doing and we help them to organise things if they want us to within the complex, it's like a little community here, people do their own thing and they do things together, it's lovely".

Everyone we spoke with and records showed that the provider often asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One person said, "We have homeowners meetings, where they ask us what we think, if we are happy and satisfied with the service, update us on any on-going issues or changes; it's very useful". A relative told us, "We are invited to homeowners meetings too, any issues are discussed and addressed here". We saw that staff made every effort to seek feedback from people using the service and surveys were sent out to people and their relatives on a regular basis. This corroborated the information that had been shared with us by the provider in the Provider Information Return form (PIR).

During our inspection, we saw that the provider had a complaints procedure in place and the acting manager was aware of their roles and responsibilities in managing complaints. Everyone we spoke with told us that they knew how to complain and were confident that any issues would be dealt with quickly and effectively. One person said, "I have never had to complain, I can't imagine I will ever need to, but I would speak to the girls [staff] or the manager I suppose, they are very good and getting things done so I have no doubt they would be the same if I had a complaint". The acting manager told us that there was one outstanding complaint, which we were already aware of and we saw that the acting manager was dealing with this appropriately.

Is the service well-led?

Our findings

The service was required to have a registered manager in place as part of the conditions of registration. There was not a registered manager in post at the time of our visit because the person who was registered to manage the service had recently left. However, the provider had appointed a new manager who was in the process of applying for their registration with us.

During our inspection, we found that the acting manager had some quality monitoring systems in place such as feedback surveys and meetings, a review of records and health and safety audits. However, it was not always clear how this information had been analysed or used to improve the service. We also found that some of the filing and record keeping systems, made it difficult for the quality monitoring processes to be effective. For example, for medication errors, the information was partly recorded on the medication administration form, which directed you to the communication book for more information, which then directed you to an incident form to find out what action had been taken, which was filed in the individuals care records. We fed this back to the acting manager at the time of our inspection, who acknowledged that improvements were required in the governance of the service. Since the inspection, the acting manager has showed us evidence of their new medication auditing process and the new quality monitoring audit tool that they will use to measure the quality and safety of the service as well as any improvements made throughout the year. This will also be overseen by the area manager for additional support. We will check the effectiveness of these new systems at our next inspection.

We saw that there was a clear leadership structure within the service which had developed and sustained a positive, person-centred culture. Everyone we spoke with told us that the acting manager had continuously been a supportive member of staff, prior to their promotion to acting manager. One person we spoke with said, "She [acting manager] is brilliant, the previous manager was good too, but we know she has left it in good hands with [acting manager's name], she is so efficient, she doesn't walk, she runs, she is so good at getting things done and sorted, and so nice as well". Staff we spoke with told us that the acting manager had consistently supported and encouraged them. One member of staff said, "I can honestly say, it's the best place I have ever worked, the nicest team with a very supportive manager; [acting manager's name] is just brilliant".

Before the inspection, the previous manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. The information provided within the PIR was corroborated throughout the inspection by the observations we made and by what people told us. It was evident that the provider was aware of their strengths and was also mindful of areas for development. The new acting manager and regional manager were able to tell us about the ways in which they planned to develop the service further, such as the introduction of the new quality monitoring tool, which was in keeping with the information included within the PIR.

Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had ensured that information that they were legally obliged to tell us,

and other external organisations, such as the local authority, was passed on. The provider was working collaboratively with other external agencies.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were actively encouraged to raise any concerns. They told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to. One member of staff told us, "I have no doubt that [acting manager] would deal with anything, but if I needed to, I know I can call CQC myself, it's in the policy". The acting manager told us that they were confident that staff would feel comfortable to raise any concerns with them but they also ensured that all staff were aware of the whistle-blowing policy that was in place. Information we hold about the service showed that no whistle-blowing concerns had been raised.

We asked the acting manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The acting manager was able to tell us their understanding of this regulation and how they reflected this within their practice. They said, "We are very open and very honest here, the recent incident we had, the member of staff reported it to me straight away and we reported it to everyone we needed to, investigated it thoroughly and have co-operated and updated all of the relevant agencies accordingly, we are keeping the family up to date". We saw that during the investigation, the staff and the acting manager had been commended on the transparency and assistance they had provided to the relevant agencies.