

Yourlife Management Services Limited

Your Life (Northallerton)

Inspection report

Malpas 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?	Good ●

Summary of findings

Overall summary

Your Life (Northallerton) is registered to provide personal care to people living in their own homes. It provides services to people living within the McCarthy and Stone Malpas Court assisted living development, which is located in Northallerton close to the town centre and local amenities. The assisted living development consists of retirement flats, which people purchase, and communal facilities, including a restaurant. The Your Life (Northallerton) office is located within the assisted living development. At the time of our inspection five people were receiving personal care services.

The service had a registered manager who had been registered with the Care Quality Commission since July 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they received a safe service. Staff knew how to report any concerns about people's welfare and had confidence in the registered manager taking appropriate action. People had individual risk assessments in place which ensured staff were aware of the risks relevant to each person's care.

Staff were recruited safely and there were enough staff available to provide the care people needed. People told us the care staff were reliable, on time and did what was expected without rushing.

Staff assisted people with their medicines safely, if this was part of their agreed plan of care. We saw that there had been an improvement in the records relating to medicine administration since our last visit.

Staff were supported to have the skills and knowledge they needed through relevant training. Staff felt well supported and arrangements for staff supervision and appraisal had improved since our last visit.

The service was following the principles of the Mental Capacity Act 2005. At the time of the inspection no-one had needed to be referred to the Court of Protection because of deprivation of liberty concerns.

People told us that they were well cared for and treated with dignity and respect by staff. Staff could describe how they maintained people's confidentiality, privacy and dignity.

Care staff knew people well and were able to describe people's individual needs. People had their needs assessed and had care plans in place. We saw examples of people's care being adapted and changed in recognition of their changing needs and to help them maintain independence.

People lived in their own homes, but had access to activities at Maplas Court and in their local community. There were facilities available at Malpas Court to enable relatives and friends to stay if they wished.

A complaints procedure was in place and information about this was provided to people who used the service. People were encouraged to provide feedback through 'homeowners' meetings, feedback forms, reviews and surveys.

The registered manager and staff were committed to providing good, individual care to people. Audits and checks were completed to help ensure that people received a quality service. We found that there had been an improvement in governance systems since our last visit.

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 who used the service told us they received a safe service.

Staff were recruited safely and there were enough staff available to provide the care people needed.

Staff knew how to report concerns about people's welfare and administered medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training relevant to their roles and felt well supported by the registered manager.

The service followed the principles of the Mental Capacity Act 2005.

Staff supported people with meals and drinks if this was part of their agreed plan of care.

The service assisted people to access health care services where this was appropriate.

Is the service caring?

Good ●

The service was caring.

People told us they received kind and caring support from staff.

Staff treated people with respect and maintained people's dignity. Staff also knew how to maintain confidentiality and privacy.

People were supported to make decisions and choices about their care.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and planned. Staff provided responsive care that was adapted and changed to meet individual needs.

The service encouraged feedback from people who used the service through meetings, reviews and other feedback mechanisms.

Complaints were responded to appropriately.

Is the service well-led?

The service was well-led.

A registered manager was in place. People who used the service knew who they were and felt they were approachable and effective.

The manager and staff demonstrated a commitment to providing good quality care and said they enjoyed their work.

Systems to monitor, assess and improve the quality of the service were in place and had been improved since our last visit.

Good ●

Your Life (Northallerton)

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 of Your Life (Northallerton) took place on 9 June 2016. The provider was given 48 hours notice, because the location provides a domiciliary care service. One adult social care inspector undertook the inspection.

Before we visited the service we reviewed the information we held about this location and the service provider. For example, the inspection history and any complaints and notifications received. Notifications are events that the registered provider has a legal duty to inform us about.

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

During our inspection we visited and spoke with four people who received a personal care service. We looked at the care records of three people who used the service and observed how staff interacted with people during our visit.

We spoke with the registered manager, area manager, deputy manager, two care workers and an external training assessor. We also looked at a selection of staff records and other management records relating to the running of the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe using the personal care service. One person told us, "Yes of course (they felt safe)." Another person described how they felt safe while being assisted by the care staff. People told us they were treated very well and that the care staff were all nice people.

We looked at the recruitment records for one member of staff who was the most recently recruited person. We saw that appropriate checks had been undertaken before they began working. A disclosure and Barring Service (DBS) check had been carried out and two written references obtained, including one from the staff member's previous employer. The DBS carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults. Proof of identity had also been obtained. An application form, including employment history, had been completed and interview records were available. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed how staffing was organised with the registered manager and looked at staff rotas. There was a four week rolling rota in place, so that staff and people who used the service knew who was providing care in advance. The registered manager was able to explain how they organised the rotas to ensure consistency for people receiving care and so that additional cover could easily be arranged if needed. For example, during holidays or periods of staff sickness. The staff team included permanent and bank staff to help provide some flexibility and ensure that staff were available when needed. Rotas we looked at confirmed that staff cover was well organised.

The people who used the service and staff we spoke with did not raise any concerns about staffing. People told us that the service was reliable, with staff arriving when expected and having time to do what was expected. For example, one person told us, "Very reliable, everytime they come in they are on time," and, "It's usually the same three people who come." One staff member told us, "On the whole it runs pretty smoothly, we cover shifts if needed." This meant there were enough staff with the right experience and skills to meet the needs of the people who used the service.

Staff had received training in safeguarding vulnerable adults and knew their responsibilities in recognising and reporting any concerns. For example, one staff member told us, "If there was something I though wasn't being addressed I wouldn't leave it." A safeguarding policy was available and the manager knew how to make alerts to the local safeguarding authority. There had been no recent safeguarding alerts made by the service. People we spoke with told us they were treated well and had no concerns about their care, but would feel comfortable raising any issues if they needed to. Staff told us that they were confident any concerns would be listened to and dealt with appropriately.

We looked at how Your Life (Northallerton) assisted people with their medicines, where this was an agreed part of their personal care plan. People we spoke with were happy with the support they received with their medicines and told us this was done well. Staff told us they had received relevant training to help them administer medicines safely and were aware of the action to take if they had any concerns about someone's

medicines. For example, reporting concerns to the registered manager and contacting a doctor for advice if an incorrect dose was given. Where assistance was provided with medicines, care records included a risk assessment and information about the assistance people needed and their prescribed medicines. Each person had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and when they have been administered. The MARs we looked at were up to date and showed medicines had been given in accordance with people's prescriptions. Daily and weekly medicine checks were completed by staff, with records of these available. This meant appropriate arrangements were in place for the administration of medicines.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments we saw included the environment, moving and handling, and medicines. We also saw that one person had positive risk plans in place for maintaining an adequate diet and hydration and for maintaining mobility through regular exercise. This showed that risks had been identified and management plans put in place to help keep people safe.

Accidents and incidents had been recorded. Each record included details of the accident/incident and any action taken or recommendations to prevent further accidents. Copies of the incident and accident records were sent to senior staff within the organisation for high level monitoring.

Although people lived in their own homes, they were located within the assisted living development and staff would be on duty and available to assist in an emergency. The registered manager told us how they had put in place systems and plans to help keep people safe in the event of an emergency. For example, evacuation plans had been put in place so that staff and emergency services would know what help people needed. An emergency file was also available, providing easy access to important information, such as emergency contact details and check lists, to help support staff dealing with an emergency situation.

Is the service effective?

Our findings

During our last inspection in March 2015 we identified that staff had not received the training and support they needed to do their jobs well. We required that the registered provider make improvements and they provided an action plan, telling us what they were doing to meet legal requirements.

We spoke with people who used the service about the care staff who visited them and if they had the skills and the knowledge to provide their care. People told us that the care staff seemed well trained and competent. One person said, "The staff are very good and know me well now." Another person told us, "Whoever I have in the morning [to assist with personal care], they are very good." Someone else described staff as, "Professional."

We spoke with the registered manager about the actions they had taken since our last visit and looked at the training records and schedule. The registered manager told us that they had made sure that staff understood training requirements and the expectation that staff attended training dates as part of their job. This had been addressed in staff meetings and through individual staff supervision sessions. The majority of training for 2016 had already been completed, with dates booked for the remainder.

The manager was also able to show that they were monitoring individual staff to ensure that training was scheduled to fill any gaps. One staff member worked for a different employer and completed a lot of relevant training in their other job role. We discussed with the registered manager how they should ensure that they obtained proof of relevant training for this staff member's records, to help reduce duplication of training for this particular staff member. All 14 staff who provided personal care services had either achieved a formal qualification in health and social care or were working towards one.

Training was provided by an external training company. Staff told us that the training provided was very good and that they were provided with the training they needed. One staff member told us, "I'm up to date [with training], I come to all my courses, I really enjoy them." Another staff member described how the staff team was receiving training and support from a healthcare professional, to ensure that they had the knowledge and skills to provide care for someone who was soon to be discharged from hospital.

During our visit we spoke with an external training assessor who worked closely with staff from Your Life (Northallerton), while they completed their health and social care diplomas. They told us that, in their experience, Your Life (Northallerton) encouraged and supported staff to complete formal qualifications, that the staff were committed to their training and had a good support network through the registered manager and other colleagues.

Staff confirmed that they were well supported by the registered manager and wider staff team. For example, one staff member told us, "I am really well supported. [The registered manager] has been amazing for me, very encouraging and supportive, very understanding." Staff also told us that they had regular supervisions and observations of their practice, to monitor the standard of their work. We saw records of these on the staff files we looked at. The registered manager described how they had delegated some staff supervision

tasks, to ensure that supervisions, observations and appraisals took place regularly. They also monitored progress to ensure that the tasks delegated to other staff were being completed.

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 and staff had received training on these subjects. Staff understood that people had the right to make their own decisions whenever possible and that the people they currently looked after had the capacity to make decisions about their care and welfare. Care records we looked at showed that people and their supporters had been included in reviews and decisions about their care and support.

Applications to Deprive a Person of their Liberty when they live in the community must be made to the Court of Protection. The registered manager told us that no applications had been made to the Court of Protection at the time of our inspection, because no one was currently being deprived of their liberty. People we spoke with told us that they were not subject to any restraint or restrictions and could come and go as they pleased. We observed this during our visit with people coming and going freely throughout the day. People spent time where they wanted, including accessing the local community.

The service provided assistance with meals and eating where this was part of the person's agreed plan of care. The Malpas Court development had a restaurant where people could choose to have meals, with staff helping people to access these facilities where needed. Alternatively staff assisted people to prepare meals in their own homes, depending on personal choice. The care plans we looked at included information about the help and support people needed with meals and how this should be provided.

The people using this service lived in their own homes and only received domiciliary care and support from Your Life (Northallerton). Because of this most people organised their own contact with health care professionals when they needed it, often without the direct involvement of Your Life (Northallerton) staff. However, when needed staff would provide support to people and help them access healthcare services. People's care records included the contact details of their doctor and other relevant professionals so staff could contact them if they had concerns about a person's health. We also saw examples where the input and advice of health care professionals had been included in people's care records. The registered manager told us how they were currently working with the local doctor surgery to provide a weekly clinic at the assisted living development. This was due to commence in July and aimed to help people access healthcare services more easily and independently.

Is the service caring?

Our findings

People who used the service were happy with the way staff treated them and how care was provided. People told us that staff were very pleasant and caring in their approach. For example, one person who used the service said, "Everyone I have met has been most caring." Another person said, "They are really a nice bunch of people. They treat me very well, they are so kind, so helpful." One person commented, "The staff are extremely kind, they treat me as a person. I know them all very well."

Staff were respectful of people's privacy and maintained their dignity. Staff we spoke with were able to describe how they maintained people's confidentiality and privacy. For example, one staff member told us how they ensured people's privacy by discussing things in private or letting people know that they couldn't discuss certain things with them (maintaining confidentiality). Another staff member told us how they ensured people's privacy, by shutting doors and ensuring curtains were closed while providing personal care.

The external training professional we spoke with told us that they had never seen any failure to maintain people's privacy and dignity while working with the service, or had any cause for concern about the approach of staff.

The people who received personal care from the service were involved in reviews of their care. This meant that people were asked about their care and how it was provided and given the opportunity to make suggestions and changes if needed. People told us that they were involved in decisions and one person told us how staff checked if they were happy and kept in touch. We saw evidence in people's care records of support being changed in response to requests or changes in people's needs.

People had also been involved in decision making regarding the management of the service, through regular 'homeowners' meetings. We saw examples of this in the meeting records we viewed. For example, people had been extensively consulted on the provision of new laundry machines and involved in the decision making process through surveys and meeting discussions. We also saw that there had been a lot of user involvement in the planning of menus and that people had voted on who should be awarded gardening and window cleaning contracts for the development. We saw that there were comments, suggestions and feedback forms available in reception for people to use if they wished.

The registered manager had informed people who were using the service about the inspection when we gave notice of our visit. They had done this by letter, explaining the inspection process and asking if people would like to meet with us on the day of our visit. This had enabled one person, who was not going to be at home during our visit, to provide written feedback for us.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. For example where someone just required a prompt to attend to their personal needs staff would encourage them to carry this out themselves, only providing full support if and when needed.

The Malpas Court development had a visitor's flat that relatives and friends could book and use when visiting people who lived there. This helped people to maintain relationships by providing facilities for visitors who did not live close by.

Is the service responsive?

Our findings

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. People we spoke with confirmed that they had been involved in the assessment, planning and review of their care. People told us that the care and support provided met their needs and could be adapted and changed if needed. For example, One person told us, "They know my routine now," and, "If I want anything else doing they will help me." Another person told us, "We expect good treatment, and I get it, I do."

The staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. The registered manager was able to give us examples of how the service had taken a proactive and positive approach to supporting people. This had including identifying relevant risks and working with people to maintain their independence. For example, there had been concerns that one person might lose their mobility if they did not undertake regular exercise and that this would have a big impact on the person's independence. Additional support had been arranged to assist the person to take a walk each day, so that they could maintain their mobility and independence as much as possible.

The care records we looked at included assessments, care plans and reviews. We saw evidence of people's care and support being adapted and changed as their needs and wishes altered or when concerns were identified. For example, staff had identified some concerns about a person's dietary intake. Professional advice had been sought and staff were supporting the person to have a fortified diet. Both staff and the person involved described how they liked porridge in the morning, with jam and cream to increase its calorific value, and that this was being provided.

Staff kept a detailed record of the visits that had been completed and the care provided to people. This helped to ensure that different staff had access to up to date information about people's care. There was also a 'communications book' that was used to pass information between staff. Staff we spoke with thought that communication was good and that they were provided with the information they needed to provide people with good care. For example, one staff member told us, "I do think things are communicated well, we always know what is happening and if something new occurs we pass it on to each other."

The service had a complaints procedure, which provided people with information about making complaints and how these would be handled. Information about the complaints process was included in the information given to people who used the service. As well as the formal complaints process people could also make comments or raise minor issues in reviews, 'homeowners' meetings and using the feedback forms that were available in the reception area.

People who used the service told us that they could raise any issues if they needed to and felt that they would be taken seriously and listened to. One person told us, "Everything is top class, I have no complaints at all."

A complaints and feedback file was available. This included a record of complaints and compliments received and what had been done to resolve them. There had been four complaints so far in 2016, but none of these had related to care provision. All had been responded to appropriately and resolved with the person raising the concern. There was also a record of the feedback forms that had been received and the actions taken in response. This showed that people's comments were listened and responded to.

Although people lived in their own homes, the Malpas Court development did provide opportunities for social events and activities, which people could take part in if they wished. For example, one person told us how they would be joining the 'knitting and chat' event that afternoon and also described how they took part in the book club, film nights and keep fit classes. They said, "Everyday there is something (activities or events)."

Is the service well-led?

Our findings

During our last inspection in March 2015 we identified that improvements were needed in relation to medicine records, communication and governance. We required that the registered provider make improvements and they provided an action plan, telling us what they were doing to meet legal requirements.

The service had a manager who had been registered with us since July 2014. People we spoke with knew who the manager was and said they felt able to approach them. One person described the manager as being "Very helpful." Another told us that they were, "A very efficient person at their job." The manager had a personal development file which evidenced the training they had completed to stay up to date with practice. The file also included a record of the supervision and support they had received from senior management.

We asked the manager about the work and development they had undertaken since the last inspection. They were able to describe how they had developed their own knowledge and practice and changed the way they approached the management of the service to ensure that they could manage effectively. They had developed a system of accountabilities and responsibilities, so that staff were clear who was responsible for what and tasks were delegated effectively. We found that there had been improvements to record keeping relating to medicines, communication and governance.

During our visit we observed staff and people who used the service interacting together and found the service to be a relaxed and friendly place. The registered manager demonstrated a person centred approach to people's care and a commitment to ensuring that people were supported well. For example, they told us, "I care about people, it is about what we can do to help people, I'll do what is best for people."

Staff we spoke with told us that they enjoyed their work and felt that people were provided with a good service. They described the service as having a happy atmosphere and a good staff team. Comments made by staff included, "I like my job," and, "I'd move in myself if I could." The staff we spoke with said they would recommend the service to their own friends and family.

We saw evidence of people being given opportunities to provide feedback about their care and support. For example, there were examples of people's care and support packages being altered or adapted in response to requests. We saw that 'homeowners' meetings had taken place and that people had been involved in making decisions about the service. For example, people had been involved in making decisions about the purchase of new laundry equipment, and awarding contracts for gardening and window cleaning. There was also evidence of people's feedback being taken into account with regard to the development of restaurant menus. Feedback forms had been reviewed and responded to.

An annual user satisfaction survey was completed by the registered provider. However, the survey results were collated nationally and not split down into individual services. This meant that the outcome of the survey was of limited use to the registered manager, because it did not provide any individual or detailed

feedback that could be used for improving their own service.

There were records of staff meetings taking place. The records included evidence that the findings of the last inspection had been discussed with staff, including the need for staff to ensure that they attended training.

The manager showed us the management monitoring they carried out. This included management checks to ensure that staff were carrying out their delegated responsibilities. For example, staff supervision and appraisal sessions. A monthly quality assurance check was also being completed. This included checking that care reviews, health and safety checks, and maintenance tasks had been completed. There was also a regular check of care records and medicine records to ensure that staff were recording things to an appropriate standard.

Accident and incident monitoring took place. We saw detailed reports of incidents and accidents that had occurred and the actions taken to prevent the risk of reoccurrence. Copies of the completed incident and accident reports were also sent to the registered provider's health and safety department and company director for high level monitoring.