

Yourlife Management Services Limited

Your Life (Welwyn Garden City)

Inspection report

Peel Court
The Campus
Welwyn Garden City
Hertfordshire
AL8 6DG

Tel: 01707328220

Date of inspection visit:
03 May 2016

Date of publication:
24 May 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 was carried out on 3 May 2016 and was announced. This was the first inspection since the service registered with the commission on 22 August 2014.

Your Life (WGC) operates an assisted living scheme in a modern and purpose built private development called Peel Court. The property consisted of 59 flats privately owned and occupied by older people who also shared some communal areas and facilities; such as dining rooms, lounges and gardens. There were 11 people who received support with personal care or medicines on the day of our inspection, two of whom were in hospital or respite care.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. In this instance the registered manager was also the provider.

People received care that met their needs safely and in accordance with their choices and preferences. Staff knew people well and treated them with dignity. People were independent in relation to eating and drinking. Support was available for health care and appointments if needed.

People who used the service had capacity to make their own decisions and staff asked for consent before supporting them.

Staff received training and supervision to enable them to carry out their roles and there were sufficient numbers of staff to meet people's needs in a timely fashion. Staff were recruited through a robust process.

People felt safe and staff knew how to help keep people safe. Medicines were managed safely and accidents were reviewed. There were systems in place to monitor the quality of the service and everyone was complimentary about the registered manager and staff team.

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 felt safe using the service.

People were supported by sufficient numbers of staff who had been recruited safely.

People's individual risks and their medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were asked for their consent before support was given.

People were supported by staff who were trained appropriately.

People did not require support to maintain a healthy and balanced diet.

People accessed health and social care professionals independently.

Is the service caring?

Good ●

The service was caring.

People were very complimentary about the kindness shown by staff.

People made their own decisions and planned their care.

Confidentiality was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were met in a way they chose.

People arranged their own hobbies and activities.

People had no complaints but were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

People and staff were very positive about the registered manager.

The registered manager ensured that staff were kept informed of changing policies, practice and lesson learnt.

There were systems in place to monitor the quality of the service and address any issues.

Your Life (Welwyn Garden City)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Your Life (WGC) on 3 May 2016. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by one inspector. We gave the service 48 hours' notice to ensure that the registered manager would be available to meet with us.

During the inspection we spoke with four people who used the service, three staff members and the registered manager. We also received feedback from professionals involved in supporting people who used the service. We viewed three people's support plans. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People felt safe living at the service. One person said, "When I fell they [staff] were through the door before I even finished calling them." Another person said, "They [staff] come and check my door is locked for me, makes me feel secure knowing it's locked." A third person told us, "I have never heard them [staff] raise their voice or speak badly to someone."

Staff knew how to recognise and report abuse. One staff member said, "If they weren't themselves, I'd know and report straight to the [registered] manager." Staff told us, after we prompted them, how they would report externally and where to find the information they needed to do so. We saw that information on safeguarding people from abuse and the external agencies people could report to was displayed around the service.

People had their individual risks assessed and plans were in place to mitigate these risks. For example, in relation to the risk of falls or management of medicines. The registered manager and staff were aware of individual risks and the steps carried out to reduce them. The registered manager monitored accidents and incidents to help identify themes or trends and to help ensure all remedial action had been taken. Both the registered manager and staff told us about a person who suffered reoccurring falls and what steps were taken to minimise the risk to them.

People were supported by sufficient numbers of staff to meet their needs. One person told us, "They are always on time, and there is always someone around if you need them." Another person told us, "Whenever I press my bell, they are here." Everyone told us that the support they needed was provided at regular times and staff never missed a visit and were never late. We asked the staff about how this was managed in the event of a staff member being unexpectedly absent. Staff all told us that they felt staffing numbers were sufficient and when staff were off sick, care provision came first and domestic tasks were left to afterwards. One staff member told us, "[The registered manager] helps out and does care calls if we need it." The registered manager confirmed what staff had told us.

Staff had been through a robust recruitment process prior to starting work at the service. This included an interview where scenarios were put to applicants to explain how they would respond to events, written references and a criminal records check.

People's medicines were managed safely. Medicine records were completed consistently and clearly. However, we did note that handwritten entries were not countersigned. This is good practice to reduce the risk of an error of the incorrect dose being administered. The registered manager told us they would ensure this happened going forward. There were weekly audits of medicines to ensure they had been administered safely and people told us they received their medicines when they needed them.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. One person told us, "I don't know who recruits these girls [staff] but they certainly know what they are looking for."

Staff told us that they felt well equipped for their role. All training had been covered and this included an induction at the start of employment, moving and handling, medicines, safeguarding people from abuse and food hygiene. We saw that training refreshers for the upcoming year had been booked and these dates were displayed for staff reference. Staff also told us that they received regular one to one supervision and felt supported to carry out their role. One staff member said, "[Registered manager] is so supportive, even helped me develop my CV when I didn't know what I wanted to do."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who were supported by the service lived in their own homes therefore DoLS were not applicable in this setting. We were also told that everyone who received care and support had capacity to make their own decisions and had not needed a capacity assessment. However, the registered manager was knowledgeable on the subject and was aware of action to take to support people if their needs changed.

People were responsible for making their own arrangements for mealtimes. There was a restaurant on site but this was a separate service that the provider did not manage. Staff told us, and daily notes confirmed, that they may prompt people to make a sandwich and offer tea or coffee but generally they did not provide support in this area. People told us that staff always offered them tea and coffee while visiting them. The registered manager told us that if they were concerned about a person's health, particularly in relation to eating and drinking, they would discuss this with them and suggest medical advice.

People were responsible for making their own health appointments. Although one person told us, "When I fell they asked if they could call the doctor to check me over." The registered manager told us that they offered a welfare check for everyone daily and would be aware if a person had become unwell. They also told us that up until this point they had not needed to accompany anyone to hospital appointments, but this could be provided if it was needed. We also found that when needed, the registered manager and staff worked closely with health and social care providers to support people when their health had deteriorated and needs had changed.

Is the service caring?

Our findings

People were treated with dignity, respect and kindness. People were very positive about their experiences with staff. One person said, "They are angels." Another person said, "They really are very special." A person who told us that when they moved in they thought they would feel alone. They said, "It was like being cuddled, they knew I was having a hard time and they kept popping up and saying, 'I've just made a coffee do you want one', it was so lovely."

We noted that as staff went about their jobs they spoke respectfully with people as they passed and knocked on doors. They either waited for a call to come in or waited for the door to be answered. We saw that this was the case even when a person was taking some time to get to their door, they waited patiently. People told us that they felt their privacy was promoted and that staff were discreet when assisting them with personal care. Confidential information about people was also stored securely to further promote privacy.

People were involved in planning their care. We saw that where a person had recently started receiving support, their plan was in their apartment waiting for them to read and agree to it before it was put into practice. Everyone told us they were involved in deciding what care and support they had. One person told us, "[The registered manager] sat with me and we discussed what I needed and then agreed on it." The plans we viewed were all signed by the people they related to and they were written in a detailed specific and person centred way.

Is the service responsive?

Our findings

People's care needs were met. They told us that they were very happy with the care and support they received. One person said, "It's been so, so good, I've been amazed." Another person said, "I get it exactly as I need it." We saw that daily notes kept a record of the support provided and the times given. This was in accordance with the support plans.

Care and support plans were written in a detailed way that gave clear guidance to staff to help ensure they delivered care in a way that met people's needs, took account of their preferences and was safe. This included how they entered an apartment, how to promote a person's independence at their request and support with mobility, personal care or medicines.

People who used the service arranged their own activities within the complex. They organised the notice boards, arranged for visiting entertainment and outings. The registered manager told us this was not part of the service they offered however, they did hold summer and Christmas parties which everyone enjoyed. People told us that they had enough to do and most had active social lives. We saw one person had a hairdresser visiting and others went out shopping. People were all able to meet for coffee in the communal areas. One person told us, "I see staff wheeling (in a wheelchair) people, who can't walk far, down so they can join in with meals and things."

People knew how to make a complaint if needed and this information was available to them in their care plans. However, everyone we spoke with told us they had no need to make a complaint. One person said, "No complaints whatsoever." We saw that there was a system for recording and monitoring complaints but the service had not received any.

Is the service well-led?

Our findings

People were positive about the registered manager and the management of the service. One person said the registered manager was, "Just one of those sort of people, so nice and approachable." Another person said, "[Name] pops in and out, helps you, and anything you mention to her, she listens." They went on to say, "She is the best."

We asked what was so good about the management of the service people told us 'everything'. One person said, "They do everything well." Another person told us, "They look after us so well."

Staff were also very positive about the registered manager. One staff member told us, "I've had a few managers before coming here, she is the best." They went on to say, "I love coming to work, it's not like a job." Another staff member said, "I tell my friends about her and they say I'm so lucky."

Staff enjoyed working at the service. The only improvement they could think of was the temperature of the building and they felt this hindered their performance. They had raised this with the registered manager who had started to resource summer uniforms to alleviate the heat where possible.

There were systems in place for monitoring the quality of the service. This included a weekly audit of medicines and a regular survey carried out by the registered manager to obtain the views of people who used the service. This included if people were happy with the quality of care, the content of the care plans and the running of the service. All feedback seen was positive. The registered manager had identified areas that they wanted to improve upon and this included the frequency of staff supervision and the implementation of an annual training schedule. We saw that his schedule had been developed.

The registered manager shared updates to policies and procedures and any lessons learnt as a result of an event or feedback with staff at team meetings. Staff told us that the registered manager was good at keeping them informed. One staff member said, "She points it out to us and makes sure we read it."