

Yourlife Management Services Limited

YourLife (Bridgnorth)

Inspection report

Talbot 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

This inspection took place on 8 March 2017 and was announced.

YourLife (Bridgnorth) is registered to provide a domiciliary care service to people living in their own homes within an assisted living complex called Talbot Court. The complex has a communal lounge, a restaurant and gardens, which are for use by all residents. This inspection only focused on the domiciliary care service and not the complex itself. There were two people using the service on the day of our inspection.

The service is required to have a registered manager in post. A registered manager was in post but was not present during our inspection. 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.

Staff had received training in and understood how to protect people from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

People were supported by sufficient numbers of staff to safely meet their needs. The provider followed safe recruitment practices that ensured staff who provided care were suitable to work in people's own homes.

People were supported safely with their medicines. Only staff who had received training and been assessed as competent were able to support people with their medicines.

Staff had received training to give them the skills and knowledge they needed to meet people's needs. These skills were kept up to date through regular training and staff were supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

People were supported by staff who knew them well and had good relationships with them. People felt involved in their own care and that staff and managers listened to what they wanted. People were treated with dignity and respect and staff understood how important this was in the way they cared for people.

Care that staff gave was personal to each person. People's care needs were reviewed regularly to ensure any changes in their needs were responded to.

People knew how to raise complaints, but told us they had not needed to. They were able to give their opinions of the service they received through questionnaires and speaking with managers.

People and relatives gave positive comments about the care provided by staff. The provider had systems in place which assessed and monitored the quality of care and support staff provided at the home.

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 supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse. Where risks to people's safety were identified plans were in place and followed to help reduce these risks.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs. Staff respected people's right to make their own decisions and supported them to do so. Where required, people were supported to access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and felt involved in their own care. They had positive relationships with the staff that supported them, because they saw them regularly. Staff respected people's privacy and dignity when they supported them.

Is the service responsive?

Good ●

The service was responsive.

People's care was kept under review to ensure it met their individual needs. People and relatives were encouraged to give feedback about the care they received.

Is the service well-led?

Good ●

The service was well led.

People were positive about the care they received and felt listened to. The provider had systems in place to assess and monitor the quality of care staff provided at the service.

YourLife (Bridgnorth)

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 checked 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 8 March 2017 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. It also gave them time to arrange for us to speak with people and staff.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with two people and two relatives. We spoke with three care staff, the duty manager and the area manager. We viewed care records for two people, two medicine records, three staff recruitment records and records relating to how the service was managed.

Is the service safe?

Our findings

People told us they felt safe with how the staff supported them. They also felt safe with staff coming into their own homes and felt they were trustworthy. If they had any concerns about their own safety they told us they would speak with one of the duty managers. One relative said, "We know [person's name] is safe here and if there's any concerns staff let us know."

People told us about the alarm system they used, which was provided by the service. They wore either an alarm pendent or bracelet and had alarm points within their homes. They were able to call for help through this system and speak with a duty manager who carried a 'duty telephone' with them at all times. One person said, "Staff never grumble if I press the alarm. I feel a lot safer here, because I know someone is around."

Staff told us how they kept people safe and how they protected them from harm, abuse and discrimination. Staff were able to identify signs of potential abuse and discrimination and understood that any concerns they had would have to be reported. They also understood their duty to 'whistle blow' if they witnessed poor practice. One staff member said, "If someone is not doing their job properly or safely then I have to report this." They told us they were confident that any concerns they may have would be addressed by management immediately.

Risks to people's safety and well-being had been assessed and plans were in place to minimise these risks. One staff member said, "We try to keep their environment free from hazards. We're here to make sure everything's done safely, which helps to protect them [people], for example in the shower." Staff told us they followed risk assessments and care plans so they knew what equipment to use when they supported people. They could describe the equipment used to reduce the risk of injury to people and how this equipment should be used safely. Photographs of equipment to be used were in people's care plans. One staff told us this helped them to make sure they used the correct equipment, especially when they first started working at the service.

The duty manager told us that accidents and incidents were monitored by management and this enabled action to be taken to minimise and prevent them from reoccurring. We were told that copies of each accident and incident were sent to the provider's area manager and health and safety manager to enable them to be alerted and follow these up when required.

People told us sufficient numbers of staff were in place to meet their needs safely. They told us that staff turned up on time for their care calls and would let them know if they were running late. One person said, "There's always someone here, all the time." They told us they were able to contact a staff member at all times. A duty manager was always on shift at the complex who was trained to support people with their care needs. The duty manager was supported during the day by a minimum of one care staff. People and their relatives told us this reassured them that there was always someone available if needed. We were told by people when they called staff for assistance they always arrived promptly.

Staff had received appropriate checks prior to starting work with people. They told us they did not start work until the provider had checked their previous employment history, their identity and obtained work and character references about them. A background check called a Disclosure and Barring Service check was completed prior to staff commencing work. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. These checks help to ensure that potential new staff were suitable and safe to work with people in their own homes.

People told us they were happy with the support they received with their medicines. Where people received medicines that needed to be administered on a regular, routine basis, these were given to people as prescribed. One person told us that staff would pick up their prescription if needed. Staff supported people with the application of prescribed creams and eye gel. Staff confirmed they had received training and only supported people with their medicines once they had completed this training.

Is the service effective?

Our findings

People told us they felt care staff had the skills required to support them effectively. One person said, "They know what they're doing." All the people we spoke with agreed that they felt well-matched with the staff that supported them.

Staff told us their training was kept up to date and gave them the skills they needed to support people well. They felt the training they received was important in being able to support people with their specific needs and they valued the training they completed. The duty manager told us "People live here independently, but we provide care to support them with this. We need to assess them and if we couldn't provide the care the manager will arrange training so we have the skills we need." They told us that in order to support one person with their eye drops the registered manager had arranged training from a local district nurse. New staff worked alongside more experienced staff when they first started work at the service. They told us that it was a joint decision with their line manager as to when they were confident and competent to work alone. One staff member said, "By doing these shifts I could see how people wanted to be supported and how they wanted things done. It built my confidence." Staff told us they had regular one to one meetings with the registered manager and could seek advice or support when it was needed from managers and other staff.

People told us that staff always asked their permission before they did anything. One person said, "They always let me know what they're doing." Staff we spoke with could describe how they would seek consent from people prior to providing care and support to them. One relative said, "They never force [person's name] to do anything they don't want to."

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. The duty manager and staff confirmed that people were able to give their consent and made their own decisions with regards to their own care and treatment. One staff member said, "Just because their choice might not be our choice, if they have capacity then it's always their choice. We can give our opinion, but we can't stop them." Staff had been trained in the MCA and most had an understanding of how this could affect how they obtained people's consent should they not have capacity to make specific decisions. All staff knew to refer issues to the duty or registered managers should they have concern that people were unable to give their consent in the future.

The people who used the service did not receive support with their nutrition or hydration. One person told us that staff always asked them if they wanted a drink making before they left. People accessed the on-site restaurant, but this service was not provided by YourLife (Bridgnorth). Systems were in place to assess people's needs if this support was needed or if people had an identified risk. Staff told us that where necessary they would support people to ensure their dietary needs were met and would encourage them to make the right choices.

People and relatives told us they made their own health appointments, but staff would support them with this if they asked. Staff told us that when needed they would liaise with district nurses or doctors on behalf of people to arrange appointments or seek advice.

Is the service caring?

Our findings

People spoke positively about the care and support they received. They felt they had the opportunity to develop positive relationships with the staff that supported them. They told us they knew the staff well and thought they were kind and caring in their approach. One person said, "They are very kind. They're patient, gentle and I never feel I'm being rushed." One relative told us staff were always "happy, helpful and lovely".

People felt involved in their own care and felt that staff listened to their views on how they wanted their care delivered. They were provided with copies of their care plans and information about the service provided. They told us staff talked with them about their care and support. One person said, "Staff talk to me about what I want and how I want things doing." Prior to receiving care people were visited to discuss their care needs. We saw that people were encouraged to identify what they wanted to achieve such as remaining independent in their own homes or to be supported to increase their mobility. People told us that staff supported them to achieve what they wanted to. Managers would talk with people and their families to find out what they wanted support with, what their views were on how they wanted their care delivered and to find out their individual abilities. Following this discussion a care plan was developed and agreed with the person.

Staff understood the importance of helping to keep people independent and living safely within their own homes. One staff member said, "I have to encourage them to do what they can, even if it's something small. Their independence is important in making sure they are happy.

People were supported by staff who respected their privacy and dignity. One person spoke about the respect they felt was important for them. They said, "They are gentle and they are respectful, especially when helping me with my shower." Staff told us they were mindful of people's dignity especially when they supported them with personal care. One staff member told us that just because they were in a person's home did not mean they should not give that person privacy. Staff understood that respecting people's wishes was important in helping to maintain positive relationships with them. People told us they knew information was kept about them in their care plans and they were happy with the records that were kept.

Is the service responsive?

Our findings

People told us they received care and support that met their needs and preferences. One person said, "They [staff] do things the way I want them to do them." One staff member said, "People's preference, wishes and routines are all in their care plans. We read these so we know how to support them, but it's about getting to know them (people) to know these things and how they want things done."

People and relatives felt the service was flexible with regards to changing the content, timing and number of care calls they wanted. One relative told us their family member had to be up early for a hospital appointment so staff attended earlier than usual to ensure they were ready in plenty of time. One person told us they knew they only had to ask and that staff would do whatever they needed.

People told us they had been involved in developing and reviewing their care plans. One person told us that the duty manager regularly visited them to talk about their care, whether their needs had changed and if they needed support with anything else. Systems were in place to identify if people's care needs changed. One relative said, "If they (staff) are worried about anything they'll call us to let us know. Some of the staff will go over and above what they need to do. They'll pop in for a quick chat to make sure [person's name] is ok if they know they're upset or unhappy." The duty manager told us people's care was reviewed formally every three months with them. However, if any changes in people's needs were identified care and support would be reviewed at that time. This helped to ensure that changes to people's care needs and support were identified and responded to quickly.

People told us they had not needed to raise a complaint, but they felt able to make a complaint if it was required. They told us they felt listened to and any concerns were responded to by managers before they escalated into a complaint. One person said, "Anything we're unhappy with they'll sort straight away." People were provided with the information they needed to raise complaints and systems were in place to respond to and investigate any complaints received. The duty manager confirmed that no complaints had been received about the service YourLife (Bridgnorth) provided.

People told us they were asked for their views and opinions about the service through questionnaires. They also said staff asked them if they were happy with how their care was delivered at care calls. They also had the opportunity to speak with managers about the service they received. One person said, "We get questionnaires quite often and [duty manager's name] comes round to talk and get our opinions of the care and staff. We've never been unhappy with anything."

Is the service well-led?

Our findings

People told us the management team were good and the service they received met their needs. They found the registered manager was approachable and told us they saw them often. They and their relatives felt involved in the care service provided and told us their views were heard and listened to by management. One relative told us they got on well with all the staff that supported their family member. The said, "It's all very family like."

Staff understood their roles and what was expected of them. One staff member said, "The [registered] manager wants us to provide the best care we can." Another staff member said, "We work in the homeowners home, they don't live in our place of work. We have to show respect and give them the care they want."

Staff told us they felt valued, supported and involved in the development of the service. One staff member told us the managers always took time to ask them how they were and how they felt in their role. One staff member said, "The [registered] manager has really helped me, they challenge me and ask me questions, which encourages me to look things up." We were shown a notice board at the service which contained information under our five key questions. Staff told us this had been created by the registered manager and helped them to understand what we looked at during our inspections.

Staff were involved in meetings and were encouraged to share their views and opinions. We spoke with one staff member who had been awarded 'employee of the month'. They told us this accolade had encouraged them in their role and they appreciated the recognition of their work within the service.

Staff had access to managerial support and the duty manager told us the registered manager was contactable at any time day or night. They told us that in the absence of the registered manager they were supported in their role by the provider's area manager. The duty manager was aware of when most statutory notifications would need to be submitted, but told us they had not received any training in these requirements. The registered persons are required by law to submit statutory notifications in certain circumstances. These statutory notifications ensure that we are aware of important events and play a key role in our on-going monitoring of services. Our records showed that we had not received any statutory notifications from the registered persons. However, during our visit, we did not identify any events which would have needed to be notified to us.

The provider had systems in place to ensure the continual monitoring of the quality of the service provided. Managers completed regular quality checks on areas such as care records, the management of medicines, staff training and health and safety. Staff practice was monitored and observations completed in people's homes to ensure staff were competent in their roles. The provider's area manager visited the service monthly to complete a quality audit and support the registered manager. We saw the quality audits were in line with our five key questions. Action plans were produced to address any issues that were identified and we saw these were monitored to ensure they were completed. We saw one of the most recent actions was to make improvements to the service's contingency plans should an emergency arise and this was being

monitored by the area manager.