

# Your Life Management Services Limited

# Your Life

## Inspection report

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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 

### Overall summary

The inspection was carried out on the 26 and 27 February 2015. Thirty six hours notice of the inspection was given to ensure that the people we needed to speak to were available.

Your Life (Newport) is owned by YourLife Management Services Limited. It provides personal care to older adults with varying levels of physical disability living within an assisted living development. At the time of our inspection four people were receiving care from Your Life (Newport).

The service had a registered manager. 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.

There were enough staff to support people effectively and staff were knowledgeable about how to spot the signs of abuse and report it appropriately. People said

# Summary of findings

they felt safe with care staff and were complimentary about the staff caring for them. The provider followed safe processes to check staff they employed were suitable to work with older people. Medicines were managed safely and people received their medicines when they needed them.

People said they were satisfied with the service. They told us care was provided to them with respect for their dignity. Staff, and the registered manager, knew how the Mental Capacity Act 2005 affected their work. They always asked for consent from people before providing care

People's care plans were person-centred and their preferences were respected. Care plans were reviewed regularly and people felt involved in the way their care was planned and delivered. People were asked for feedback on the service they received and any concerns were addressed promptly.

Staff had completed training appropriate to their role and an on-going plan of training was in place.

People said staff were caring and that they promoted a friendly atmosphere with them. Staff spoke to people in a kind and patient manner and assisted people in an unhurried way. We observed staff supporting people with respect whilst assisting them to maintain their independence as much as possible.

Staff said they worked well as a team and that the registered manager provided support and guidance as they needed it. An open and transparent culture was promoted amongst the team and this allowed them to learn from incidents and accidents. Improvements had been made to the service following feedback from people and staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People said they felt safe and knew what to do if they had concerns for their safety. Staff were trained to recognise and report suspected abuse.

Medicines were administered safely. Recruitment processes and security checks meant staff were suitable to work with older people.

There were sufficient staff to provide people with the care they required.

Good



### Is the service effective?

The service was effective.

Staff completed training appropriate to their role. They were supported through supervision and appraisal.

Staff were aware of the Mental Capacity Act 2005 and how this affected the care they provided. People said staff always obtained their consent before providing care.

Staff knew people's needs and records showed people received appropriate care.

Good



### Is the service caring?

The service was caring.

People said staff were kind and caring. Staff had built good relationships with the people they provided care to.

Staff respected people's privacy and dignity. People felt involved in their care and that they were independent as they could be.

Staff communicated with people in a caring manner with regard to their frailties.

Good



### Is the service responsive?

The service was responsive.

People received individualised care that met their needs. Their choices and preferences were respected.

Staff responded to people's changing needs. People felt confident that concerns and complaints would be acted on promptly.

Good



### Is the service well-led?

The service was well-led.

Staff worked as a team and they felt supported and well-led by the registered manager.

An open and honest culture was present and staff could access advice and guidance as needed.

Audits were carried out and action was taken promptly to address areas of improvement.

Good



# Your Life

## 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.

The inspection was carried out on 26 and 27 February 2015 and was announced. Thirty six hours' notice of the inspection was given to ensure that the people we needed to speak to were available

The inspection was carried out by one inspector. We reviewed the information we held about the service

including notifications. A notification is information about important events which the service is required to send us by law. We spoke with all four of the people using the service, and three relatives. We interviewed five care staff, and spoke with the registered manager. We looked at care plans and associated records for all four people, staff duty records, one recruitment file, records of complaints and accidents and incidents, medicine administration records, staff meeting minutes and the provider's policies, procedures and quality assurance records. We also spoke with one health professional and one social care professional who visited people using the service.

This was the first inspection of the service since they were registered in February 2014.

# Is the service safe?

## Our findings

People said they felt safe. They told us they were cared for by staff who took their time and provided care in a safe manner. Emergency call systems were installed in all the apartments which people could use to summon assistance from staff. One person who had fallen in their apartment told us they were assisted to get up to their feet. They said, “They didn’t lift me, they aren’t allowed to do that. But they supported me to get to a chair and lift myself up that way”. A relative said, “I have peace of mind knowing [my relative] is well looked after; I can actually sleep at night because I know [my relative] is safe”.

People knew what to do if they did not feel safe. They had been given information about who to contact in their service user guide provided by the registered manager. People said they would have no hesitation in contacting the registered manager. One person said, “if it wasn’t right I would soon speak out”. Another said, “if I saw anything untoward you would not keep my mouth shut”.

Staff knew what to do if they suspected abuse. They had received training as part of their induction to the job and further refresher training. Staff could identify the signs that abuse might be taking place and felt confident to report their concerns and follow up these up with the local authority or CQC if necessary. One member of staff said, “if you suspect something, you have to report it”.

Staff knew about whistle blowing procedures and were aware of their personal responsibility to report unsafe practices to the relevant authorities.

The recruitment and selection process was safe. Candidates completed an application form and if suitable, were invited to interview with the registered manager and deputy manager. Successful candidates did not commence working until two satisfactory references had been received, as well as a criminal record check with the Disclosure and Barring Service (DBS). Staff suitability to work in the care of older adults was established by these necessary checks.

A fire box was stored by the entrance to the building. This contained the names of people living in the assisted living facility and their mobility needs. All duty managers had completed Fire Warden level II training. Staff knew the procedure to follow in the event of the fire alarm sounding.

Risks to people’s safety had been assessed and staff were aware of the limitations and support required by each person receiving care. Staff said they assisted people to make choices and care records contained assessments of risks to each person and how these could be managed safely.

Medicines were managed safely. Staff who administered medicines had completed training and had been assessed for competency before they were allowed to administer medicines. One staff member said that, following training, “you watch [another member of staff] administer medication and they talk through the process with you. Next time, you take the lead and you are watched [by another member of staff]. When you are confident, you can do it alone”.

Some people managed their own medicines, whilst others had requested staff to administer their medicines. Staff knew people’s needs in relation to medicines and what their medicines were for. People were given their medicines at the appropriate time. One person said, “they give me a tablet before breakfast” and this matched the guidance on their Medication Administration Record (MAR). Staff had completed MARs in full when they had administered medicines. Processes were in place that meant when medicines were received by staff on behalf of the people who required them, these were recorded and signed for. One person’s risk assessment highlighted the need for secure storage of medicines and a locked box was in use to manage the risk. Appropriate procedures were in place for the safe disposal of medicines refused or no longer required.

Incidents and accidents were recorded and a process was in place to learn from them and improve practice as a result. A medicines error had been recorded. An account had been written of how the error occurred, action taken and how staff could learn from it. As a result changes had been made to the way the service was run in order to prevent the error recurring.

There were sufficient staff to provide the care and support people needed. A Duty Manager was always on site and people were able to access help in an emergency 24 hours a day. People’s care needs fluctuated and staffing levels were calculated weekly dependent on this. People said they always received the care they required, at the time they required, and never had to wait for care staff to arrive.

# Is the service effective?

## Our findings

People were confident that care staff had the skills to care for them effectively. One person said, “Everything is going smoothly. I get all the help I need”. Another person said, “I cannot fault them”, adding, “they do everything very well”.

Staff had completed a range of training appropriate to their role. A two week induction covering the Skills for Care common induction standards was completed by all new staff. A member of staff said, “my induction equipped me really well to do my job”. New staff ‘shadowed’ experienced staff which helped them to get to know the people requiring care and their support needs. Before providing care alone, new staff were monitored by the registered manager or a duty manager. Staff were trained to care for people with behaviours that might challenge. They were able to describe potential triggers and how they would manage these effectively without violating people’s rights. All staff working as duty managers had completed a care qualification of at least level three or above, and two had attained level five. The registered manager had a clear view of the training needs of the care staff and ensured these were met.

Staff supervision was regular and effective. New staff were subject to a 22 week probation and all staff received supervision at six week intervals. Records showed these meetings were productive and areas of concern were discussed and action taken to provide staff with the support they required. Staff said they were supported at all times by the registered manager. One staff said, “[at supervision] I can say what I need, what training I might want”.

Staff were aware of the Mental Capacity Act 2005 (MCA) and how this affected the care they provided. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. Staff described the process to follow if they were concerned a person was making decisions that were

unsafe. Proper procedures had been followed to ensure decisions made were in people’s best interest. Decisions made regarding resuscitation were reviewed regularly with the involvement of people using the service, their relatives and relevant health professionals. The registered manager had taken steps to record people’s decisions regarding long-term care planning to help them inform a best interests decision in the future, should this be needed.

People said they were always asked for their consent before care was provided. One person said, “I get everything ready. They ask me whether I want help washing my back and my front. It’s not a case of everything getting soaked including my hair!” Another person said, “They ask me what I want, and I tell them”. People’s care plans instructed staff about ensuring people’s consent was gained. One care plan said, ‘[the person] will tell you what she wants on a daily basis’. Staff said they gained people’s consent before providing care. One staff member said, “We had a new member of staff shadowing us. We asked [the person receiving care], ‘is it okay if [the new member of staff] comes in with us?’ We thought it would be, but we needed to make sure she was happy before we did it”.

Staff knew people’s needs and described how to meet them effectively. Staff recorded the care and support they provided and a sample of the records demonstrated that care was delivered in line with their care plan. A handover record was made so that staff coming on shift were aware of people’s most recent needs.

Where people required health care this was arranged in a timely manner. One person said, “they called the paramedics really quickly when I fell down”. One relative said, “they keep us informed if [my relative] is not well”. Another commented, “whoever you speak to they are informed about [my relative’s] care; they just know what they are doing”.

None of the people using the service required assistance to eat their meals. Care staff involved in the preparation of food had completed appropriate training.

# Is the service caring?

## Our findings

Everyone we spoke with said staff were caring. One person said, “they really care”. Another person said, “they are happy to help me, all of them”. People’s relatives were complimentary about the staff. One said, “they are absolutely wonderful; I don’t know how to praise them enough”. Another said, “everybody cares, absolutely everybody”. Other comments about staff included, “they are fantastic”, “very caring” and, “they are very polite”.

People said they had cultivated good relationships with the staff caring for them. One person said, “the staff are very polite; we have a chat and I’ve got to know them now”. We observed staff to be friendly with people and they promoted a helpful, jovial atmosphere.

Staff said they had been trained to provide personal care to people always with their dignity in mind. People said this was how care was delivered. One person said, “it’s as dignified as it can be”. In a survey of people using the service, people commented positively about the way care was provided. People “strongly agreed” with the statement ‘staff treat me with dignity and respect’. People’s care plans guided staff to how people’s dignity should be respected, for example one said, “leave for a while for privacy”.

People said staff consulted them about their care and how it was provided. One person’s needs fluctuated from day to day. They said, “I get all the help I need, and that varies from one day to another; we talk about it, and then we get on with it”. Another person said, “I do what I can for myself; they help with the rest”. People’s care plans were detailed and showed people were involved in the planning and review of their care. Care plans stated how much assistance people needed and what they could do independently. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people’s independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

We observed staff communicating in a caring manner. Where people were quietly spoken or hard of hearing, staff knelt down so they could hear and be heard. Before entering people’s apartments, staff knocked and waited for an answer. Where people had requested it, staff knocked and called out who they were and then waited for an answer. People said staff respected their confidentiality and did not speak about other people using the service in front of them.

# Is the service responsive?

## Our findings

People received individualised care that met their needs. All the people we spoke with were satisfied with their care and the way it was planned and delivered. One person said, “my needs are certainly catered for here”. A relative said, “if [their relative] needs extra things done we just mention it and they do it”. Another relative said, “[their relative] gets consistent care from regular staff. Her needs are assessed and reviewed regularly

Staff knew what person-centred care meant and could relate how they provided it. They knew people’s likes, dislikes and preferences. They were knowledgeable about people’s individual needs and how to ensure these were met. One staff said, “each person is different. I focus on the person, not just their needs; treat them as individuals”.

Care plans reflected people’s individual needs and were not task focussed. People said they were involved in the planning of their care and this was reviewed regularly. Records confirmed this. Where a person had requested a change to their care this had been done. One person expressed a preference for particular care staff and we saw the registered manager had taken action to address this. People said they received their care at a time of their choosing. One person said, “I asked for 8.30am and they are here at that time”.

A daily record of care provided was kept for each person. These records showed people occasionally required a change to their routine, perhaps due to ill health or appointments at the hospital. Staff responded to this and ensured care was still provided to the person at a time convenient to them. Some people’s needs fluctuated daily according to their health condition. Their care plan reflected this and instructed staff to extend the time available to provide care in line with the person’s needs. Records show staff followed this guidance and thus enabled the person to be cared for at a pace suitable for them.

How to manage complaints was a topic covered in staff induction and staff knew how to deal with any complaints or concerns according to the service’s policy. The registered manager recorded complaints and investigations and outcomes were documented. Improvements had been made to the service people received as a result. Information on how to make a complaint was included in each person’s user guide. People were confident that the registered manager took their concerns seriously and took appropriate action in response. One person said, “[the registered manager] really takes responsibility; she sorts things out”.



# Is the service well-led?

## Our findings

All the people we spoke with were on first name terms with the registered manager. They expressed satisfaction with the way the registered manager ran the service. They said the she was accessible, knowledgeable and friendly. One person said, “they are always available to listen; you couldn’t find anyone better”. Another commented, “they really take responsibility and sort things out”. A relative said, “we get on very well with [the registered manager]; we have a lot of confidence in her”.

Staff said the registered manager was supportive and valued and promoted team work. They told us they could access advice and guidance at any time and this was encouraged. One member of staff gave an example where the staff team was consulted about the care of a person who had had a fall. As a team they established an action plan which was put in place to assist the person to continue to be independent whilst being supported safely. One staff member said, “as a leader, [the registered manager] listens, and is not afraid to say ‘no’ ”. When staff were completing a care qualification, the registered manager, with staff agreement, delegated responsibilities to them to help them apply their learning. The results of the staff satisfaction survey conducted in December 2014 showed 100% satisfaction with their role and how they were supported to carry out their duties. One member of staff said, “we work hard here but we don’t mind because it’s so lovely”.

Staff said they were encouraged to be open and honest when they made a mistake. The registered manager led by example and said, “if you cannot own up to your own mistakes then you can’t expect your staff to do it”. Staff were encouraged to give feedback on a daily basis and at staff meetings. We viewed a sample of staff meeting minutes and found issues around people’s safety and care were addressed using a team approach. Handover meetings also provided an opportunity to ensure staff were up to date with people’s care needs.

The provider’s core values of independence, dignity, privacy, rights, diversity, security and communication were embedded in the practice of care staff. Staff explained how they carried out their role with regard to people’s independence, rights, dignity and respect. For example, one staff member said that a person using the service might, “happily let you do everything for [them]; but with encouragement they can do a lot for themselves”. One staff said the registered manager “lived the values” and as a result, “the rest of us have bought into them”. As a result staff were proud of their work and looked for ways to improve the service people received.

A representative of the provider visited the service monthly and carried out audits of records, talked with staff and with people using the service. Records of these visits showed where areas of improvement were identified, an action plan was created and actions were completed. Staff said these visits were helpful and gave them an opportunity to discuss any issues they had.