

Yourlife Management Services Limited

YourLife (Chipping Sodbury)

Inspection report

Barnhill Court
Barnhill Road
Chipping Sodbury
BS37 6FG

Tel: 01823448166

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26 June 2017

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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 started on 26 June 2017 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. On 28 June 2017 we made calls to relatives who use the service because they wanted to share their views and experiences. This was Yourlife's first inspection since they registered with CQC in May 2016.

Barnhill Court is a complex of 60 privately owned one and two bedroom apartments. There is a communal lounge, a restaurant and gardens which were used by the people who lived there. Staff from the provider's domiciliary agency provided a range of supportive services. At the time of this inspection the service was providing the regulated activity of personal care to eight people who lived in their own homes. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider of the service.

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

Staff were very motivated and proud of the service. They were fully supported by the registered manager and a programme of training and supervision enabled them to provide a good quality service to people.

The registered manager ensured that staff understood people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People had positive relationships with their care workers and were confident in the service. People who used the service felt they were treated with kindness.

People received a service based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

The provider was committed to continuous improvement. They demonstrated good values and, a desire to learn about and implement best practice throughout the service.

The service demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The provider encouraged people to provide feedback on the service received so that they could make changes in response to people's views and opinions if required.

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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the provider's recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Where necessary, people were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to providing

care that was kind, respectful, and dignified. Person centred care and promoting independence were key principles on which the service was delivered and this was reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received.

People were pleased with the consistency of their care staff and felt that their care was provided in the way they wanted it to be.

Is the service responsive?

Good ●

The service was responsive.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. When changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Is the service well-led?

Good ●

The service was well led

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were good systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

YourLife (Chipping Sodbury)

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 2008, and to provide a rating for the service under the Care Act 2014.

The service re-registered at a new location in May 2017 and this was their first inspection.

One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

For the purpose of the inspection we spent time collectively with people who use the service and visited two in their apartments. We contacted three relatives by telephone because they wanted to share their views about the service. We spent time with staff collectively and attended a team meeting in addition we spoke with three individually. We spent the day with their compliance manager and the registered manager. We looked at four people's care records, together with other records relating to their care and the running of the service. This included the employment records of four staff, policies and procedures relating to the delivery and management of the service and, audits and quality assurance reports.

Is the service safe?

Our findings

The service was safe. People we spoke with told us they felt safe with the staff who supported them and they were 'in good hands'. Staff understood what constituted abuse and knew the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and, duty of care, to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff knew how to keep people safe and were aware of their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and, what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented. If a person had fallen they reviewed the environment to see if risks could be eliminated.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks arising from the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility. Information was provided to care workers about how to support them when moving around their home and, transferring in and out of chairs and their bed. If people required two staff to assist with their care and support this was managed well by the coordinators. Staff did not perform any moving and handling on their own and would wait until their colleague arrived for any joint visits.

People confirmed that staff were on time and they were contacted if there were any delays. Staff were deployed effectively to meet people's care and support needs and people confirmed they were punctual. Staff rotas were well managed and planned in advance. Staff confirmed they were allocated sufficient time.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

People were responsible for their own medicines where possible, if people needed support with their medicines the systems in place were safe. This was demonstrated through the services policies, procedures, records and practices. Staff completed safe medicine administration training before they were able to support people with their medicines. Staff were observed until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed. There had been some minor medicine errors prior to the inspection, people had not come to any significant harm. Measures had been put in place to help prevent re-occurrence and

this was discussed with staff at the staff meeting we attended on the day of our visit.

Is the service effective?

Our findings

The service was effective. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's needs. Staff confirmed that the induction and subsequent training they received was effective. The induction programme consisted of 15 modules to be completed within three months and, was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. As part of the induction process new staff shadowed experienced staff and did not work alone until they felt confident within the roles they were to perform.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness and person centred approaches to care. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. A training resource provider Brainbox had been introduced and staff were enjoying the courses. One staff member told us, "The tutors are excellent we have good discussions and the course content is interactive. I'm enjoying the training; the person centred training has taught me about individualised care and that no two people should be treated the same. The dementia training was great to help understand different types of dementia and how this will affect people and their behaviours".

The service had a small, steadfast group of staff. They felt supported on a daily basis by the registered manager, duty managers and other colleagues. Additional support/supervision was provided on an individual basis. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. The registered manager and senior care staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own choices, and respected those decisions. Staff understood how to implement the five principles of the MCA. They knew how they should care for someone assessed as not having capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care plan. Staff reported any concerns they had about a person's food and drink intake to the registered manager. Referrals had been made to speech and language therapists when there were concerns over people's swallow reflex and an increased risk of choking. Advice and guidance had also been sought from

GPs and dieticians when people had been at risk of weight loss.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records included evidence that the agency had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

Is the service caring?

Our findings

The service was caring. We received lovely comments from people and their relatives. People told us, "They are all very lovely and kind, look forward to their visits so much" and, "Staff are always so friendly and happy". Equally relatives conveyed great satisfaction. Comments included, "It all works rather well, the staff are very welcoming and they know who I am. I see them treat people with utmost respect with some banter and laughter which is always nice to see", "I have to say the staff are wonderful without exception" and "I feel reassured mum is being cared for by kind caring staff who love their jobs".

Staff were motivated and inspired to offer care that was kind and compassionate. They were positive and enthusiastic about the service they provided and in return they 'felt job satisfaction'. Comments included, "It's not like coming to work, it's a lovely place and we love looking after people", "I am very happy working here, all the staff are kind and caring and have people's interest at the heart of everything" and "I treat people as if they were my relative, I am proud of what I achieve and go home feeling I have made a difference to someone's day".

Positive, caring relationships had been developed with people and their families. When care and support started people were introduced to the staff who would be visiting them. Continuity of staff to individuals was an important asset to ensure consistency wherever possible. People appreciated the efforts of the registered manager when co-ordinating this.

Staff were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Their practice was monitored and observed during spot checks when they were in people's homes. Staff were mindful that they were visitors in people's homes and respected this.

A duty manager arranged events for people to take part in for example summer fetes and Christmas parties. They also arranged visiting speakers and entertainers based on ideas and personal preferences for homeowners and people who used the service. People told us it was a kind thing for the duty manager to arrange such things and that the sessions were thoroughly enjoyed and appreciated. One relative told us, "My mother particularly enjoyed a recent visit from Owl Talk who brought a real owl to the session". Other recent speakers had included a talk about the history of the SS Great Britain and a magistrates talk where people were informed about how things worked within our current judicial systems in the UK. Regular get together evenings included quiz nights and film nights where there was popcorn, drinks and choc ices! Films for June included new releases such as The Magnificent Seven and La La land and.

The registered manager supported people who used the service to take part in sponsored events to raise money for national and local causes. People who used the services were asked for recommendations about which charity they would like to sponsor and donate the money raised. On the day of our inspection there was a cake bake off competition where homeowners and staff had made and donated cakes. It was a whole lot of fun and a great community atmosphere where the cakes were judged and they all sat together eating

cake and drinking a cup of tea, At the end the registered manager announced they had raised £52.00.

People, families and professionals were kept informed and involved with the organisations monthly newsletters. The newsletter provided information about significant events with photographs and future plans for the coming months. The introduction of the newsletters had received positive comments from people who used the service.

Is the service responsive?

Our findings

The service was responsive. People told us they were happy with the care and support they received. The registered manager completed a thorough assessment when people were considering using the service. In addition people were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and person to make a decision as to whether the service was suitable and their needs could be met. One relative told us, "The process was very efficient, there were lots of questions and they were very thorough and helpful".

Care plans were developed detailing how people wanted to be supported. The care plans were informative and interesting. They reflected that people had been involved in developing their plans and outlined personal preferences, likes and dislikes. They provided staff with guidance about what to do each visit, the person's preferred daily routines and what level of assistance was required. People told us about their experiences when staff visited. Comments included, "As much as I like to do as much as I can, the staff assistance is most helpful" and, "They are so accommodating" and "I enjoy the visits because they cheer me up whilst at the same time they are helping me with my care".

People received a person centred service and the registered manager was proud of this and the determination of the staff to promote this. In their PIR they wrote, "We empower people to make their own decisions and live the lives they want to. We look beyond ailments or disabilities, if we can find out about the whole person we can have a more positive relationship with them. Everyone has right to feel they count".

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. They were confident enough to contact GP's or emergency services if required. There were examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes.

The service had a complaints and comments policy in place and this was shared with people and families when they started using the service. People told us they felt confident to express their views and could always talk to a staff member if they had any problems. Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

Is the service well-led?

Our findings

The service was well led. The registered manager had sustained a programme of 'planned growth' that had been well managed. People, relatives and staff told us the registered manager was very supportive and a 'good leader'. One person told us, "The manager always talks to me and goes out of her way to visit and see how I am". Staff comments were positive and included, "Things have really improved since the manager has been here", "The manager is easy to talk to and puts people's needs first" and "I feel very supported by the manager and she takes a personal interest in us all". One relative told us, "The manager is always smiling and is very supportive, she always contacts me if she is concerned about my mother or has any news".

The registered manager was enthusiastic and was enjoying her role. This was reflected in how she ran the service. She was proud of the services' achievements to date. They had slowly built a small staff team with a clear management structure. They told us they were all feeling 'settled and grounded and excited about moving the service forward'. Staff told us they were a great team and it was enjoyable coming to work. Comments included, "I feel fully supported by the whole staff team, it makes the role easier knowing that we all get on so well and we all want the best for people" and "The team are great I cannot fault anyone, we all have different skills and something to contribute to the team".

The registered manager wrote in their PIR, "We believe the most important factor in care provision is having a good staff team who understand that people should be treated with kindness and compassion. This is down to recruiting and retaining staff. Making them feel valued is critical". They went on to say, "Our team has a real positive can-do attitude and I know we can build on that to make is stronger"

Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. We attended a staff meeting on the day of our visit. It was evident that staff valued the meetings and we heard a useful exchange of information and ideas in addition to it being light-hearted and interactive.

Homeowner meetings occurred every month and were well attended. We looked at the minutes for the last two meetings which evidenced people enjoyed the social benefits in addition to sharing ideas, news and information. Conversations included the environment, up and coming events and fund raising and introducing new homeowners and staff.

To ensure the service kept up to date with relevant changes relating to good practice, the registered manager had made contact to join regular forums with other registered managers. They ensured they had effective working relationships with outside agencies such as the local authorities (South Gloucestershire Council and Bristol City Council), district nursing teams, GP practices, the safeguarding and DoLS team and CQC.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the service provided. Regular audits were carried out including health and safety, environmental factors,

care documentation, staffing levels, training, staff supervision and medication. Action plans were developed identifying improvements/changes that were required. The service monitored and assessed the quality of service provided by giving people and their relative's surveys to complete every year. These had yet to be returned so we were unable to look at the results on this occasion.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.