

Yourlife Management Services Limited

# Your Life (Sutton Coldfield)

## 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 ●

# Summary of findings

## Overall summary

About the service: Your Life (Sutton Coldfield) is a domiciliary care service that provides personal care to people living in their own homes in a supported living complex called Poppy Court. At the time of the inspection nine people were receiving the regulated activity, personal care, from the provider.

People's experience of using this service: People were happy with the service they received and felt safe in the company of staff who supported them. Where safeguarding concerns had been raised, they had been responded to and acted on appropriately.

Accidents and incidents were routinely recorded and acted upon. Information was analysed for any trends and actions were taken to reduce the risk of reoccurrence.

Staff were provided with an induction and training opportunities to provide them with the skills required to meet people's needs. The registered manager was proactive in sourcing additional training for staff where required.

Staff felt well trained and supported in their role. They felt listened to and able to contribute to the running of the service. Staff practice was regularly observed to ensure people were supported safely and in-line with their care needs.

People were supported by a consistent group of staff who were aware of their health care needs and liaised with other health care professionals to support their wellbeing. People were supported where appropriate at mealtimes.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with dignity and respected and encouraged them to maintain their independence. People were routinely encouraged to be involved in decisions regarding their care. People received care and support based on their individual assessment, needs and preferences.

People were supported to take part in a variety of activities that were of interest to them.

No complaints had been received regarding the delivery of care and people were confident that if they raised a concern, it would be dealt with appropriately. A number of compliments had been received regarding the service.

People and staff were complimentary of the service, and of the positive impact the registered manager had had on service delivery and considered it to be well led. People were provided with the opportunity to meet with the registered manager to discuss any issues or concerns they may have.

A number of quality audits were in place in order to drive improvement in the service. Staff were aware of and on board with, the registered manager's vision for the service, which was to provide people with person centred care.

Rating at last inspection: At the last inspection the service was rated 'Good' and the report was published on 22 September 2016.

Why we inspected: This was a planned inspection, based on the previous rating.

Follow up: We will monitor all intelligence received about the service to inform when the next inspection should take place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Good ●

### Is the service effective?

The service was effective.

Good ●

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was well-led.

Good ●

# Your Life (Sutton Coldfield)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This service is a domiciliary care agency which provides personal care to people living in their own homes in a supported living complex. It provides a service to older people and people living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to enable the provider to make arrangements with staff and people who received a service, to speak to the inspector.

Inspection site visit activity started on 31 May 2019 and ended on 31 May 2019. We visited the office location on 31 May 2019 to see the manager and office staff; and to review care records and policies and procedures. We also spoke with the registered manager on the phone on 5 June 2019 as they were not present during the inspection.

#### What we did:

Before the inspection we reviewed information we held about the service and the service provider. The previous registered manager 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with three people to gather views about the care they received. We also spoke with one relative. We looked at records, which included four people's care and medicine records. We looked at a range of records about how the service was managed. The registered manager was on holiday and we spoke with the area manager, duty area manager, quality manager and three members of care staff and the organisation's health and wellbeing officer. Following the inspection we spoke with the registered manager on the telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in how to recognise signs of abuse people may be at risk from and were aware of their responsibilities to report and act on concerns. Staff told us information regarding who to report a safeguarding concern to was accessible to them and we observed this.
- Where safeguarding concerns arose, the provider had responded and acted on the concerns appropriately, including reporting them to the local authority and putting measures in place to keep people safe. A person told us, "Yes, I do feel safe and staff are always checking to see things are ok".

Assessing risk, safety monitoring and management

- People were supported by staff who were aware of the risks to them on a daily basis. For example, a member of staff described the measures they put in place when supporting a person who was at risk of falls and had a particular health condition. They told us, "You can't rush [person] you have to go at their pace". Staff confirmed they were kept up to date with any changes in people's care needs and that their practice was observed on a regular basis to ensure they followed the latest guidance provided.
- People were confident staff knew how to keep them safe from harm and felt comfortable being supported by a consistent group of staff who knew them well.
- There was a daily homeowner checklist in place to ensure all people living at the location were seen in a 24 hour period, to ensure their safety.
- Although people lived in their own homes, the provider was aware of their responsibilities to ensure people's safety whilst accessing communal areas and a number of regular checks took place to ensure this. For example, fire safety checks, emergency lighting and call bell checks. A person told us, "I have a pendant alarm and it gives me peace of mind and helps me feel safe".

Staffing and recruitment

- People were supported by sufficient numbers of staff. People had access to a member of staff 24 hours a day which provided additional reassurance and support.
- There was a robust recruitment process in place to ensure people were supported by safely recruited staff who had provided satisfactory references and completed Disclosure and Barring Checks [DBS] prior to being employed by the service.

Using medicines safely

- Systems were in place to ensure where appropriate, people received support to take their medicines as prescribed. One person told us, "I have a set time for my medication and the same staff come in every day".
- Staff had received training in how to administer medication and confirmed management observed their

practice to ensure they remained competent in this area.

#### Preventing and controlling infection

- Staff had received training in infection control and confirmed they had access to protective personal equipment such as gloves and aprons. People confirmed staff used this equipment when providing personal care.

#### Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt when things went wrong. Accidents, incidents and safeguarding concerns were routinely recorded and individual lessons learnt where appropriate. Systems were in place to analyse the information collected to identify any trends and ensure the appropriate action was taken following these events. For example, we saw where medication errors had occurred, trends were identified and additional training and support was put in place for staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were fully involved in conversations regarding their needs, prior to being offered support. People's needs were assessed to ensure the service was able to support them effectively and safely. We found the protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives and how they wished to be supported.
- The assessment process in place meant staff were provided with the information they required to effectively meet people's individual needs. A member of staff told us, "Care records are very detailed" and explained their practice was observed by the registered manager when they first delivered care, to ensure it was provided as per the person's particular care needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received an induction that prepared them for their role and included opportunities to shadow more experienced staff. A member of staff told us, "I shadowed experienced staff across three shifts and it was very informative. I was able to work on my own on the fourth day".
- Staff told us, and records confirmed, they were provided with training opportunities to enable them to provide effective care for people and meet their particular needs. Staff spoke enthusiastically and emotionally about a recent training session they had attended called 'virtual dementia'. All staff spoken with told us they felt this additional training had provided them with a further understanding of the needs of people living with dementia and how to support them. A member of staff told us, "The registered manager went out of their way to get support for [person] and this training was part of that".

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people where required, to make their own meals and were aware of their dietary preferences. Records seen demonstrated that staff encouraged people to eat and drink to maintain a healthy diet.
- People were supported to access the dining facilities that were provided onsite and their particular dietary needs were catered for.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us communication between themselves and other agencies was good. A communication book in place was used to share information and staff were required to sign to acknowledge they had seen the entry and acted on the issue raised.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who were aware of their healthcare needs and knew when to contact

outside assistance. One person described how staff had 'kept an eye on them' when they were unwell which offered them some peace of mind. They told us, "If I was ill, I know they would get the doctor out".

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found that they were. A member of staff told us, "You always ask first and obtain people's consent" (prior to supporting them). People spoken with confirmed this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the service they received and the caring nature of the staff who supported them. We observed people had warm relationships with staff who also talked fondly of the people they supported.
- Peoples' care records held information and 'tips' for staff on how to communicate effectively with people. We were advised there were no people being supported who had particular communication needs, but staff were mindful to listen to people and speak clearly to them when holding a conversation and we observed this.
- People told us that staff and the registered manager were accessible and able to quickly respond to their changing needs. They told us they were confident that if they needed help, they would be listened to and it would be made available to them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff who knew them well. Calls were arranged to ensure staff were allocated the correct amount of time to support people safely, effectively and in-line with their particular care needs. A member of staff told us, "The first call is observed by the duty manager to assess and look at the time the call takes. If the call runs over the registered manager will look at extending it". People told us they were satisfied with the amount of time that was allocated to support them and did not feel rushed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect when providing their support. Staff were mindful of respecting people's privacy and dignity when supporting them with their personal care, a member of staff told us, "I would cover [person] with a towel or if safe to, turn around or ask if they want me to leave the room".
- Care records seen demonstrated there was an emphasis on supporting people to maintain their independence and this was reflected in conversations held with staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received the support they needed in the way they preferred and were involved in the planning and review of their care. We noted people were involved in the writing and development of their care plans. An initial review took place after two weeks to ensure people were happy with the support provided and further reviews took place every six months or sooner if people's care needs changed. Staff spoken with were knowledgeable about the people they supported and were aware of what was important to them.
- People were provided with care and support that was responsive to their needs. For example, one person told us how they had unexpectedly had to attend a hospital appointment. They told us, "Staff had kept food plated and warm for me, for when I got back, which was thoughtful and appreciated".
- Staff were knowledgeable about the people they supported and were aware of what was important to them. Staff knew enough about people to strike up a conversation with them. We observed staff talking to people in communal areas, passing the time of day with them, asking after family and what their plans were for the rest of the day.
- We observed people were supported to access a number of activities that were of interest to them and to have new experiences. We saw information in communal areas inviting people to take part in a variety of activities such as 'race night', bingo, coffee mornings and a film club. One person told us, "I have surprised myself. I never thought I'd be interested in poetry, but I've joined a reading group here and I'm very much enjoying it". Another person told us how they had felt welcomed into the whole community and felt very much supported. The registered manager told us when they arrived, they felt people would benefit from more social inclusion and efforts were being made to encourage people to take part in a number of activities that may be of interest to them. One person told us, "[Registered manager's name] is good and has arranged quite a few activities". Staff also commented positively about this and confirmed the registered manager had identified a need to provide people with the opportunity to access activities that were of interest to them.

Improving care quality in response to complaints or concerns

- There was a system in place to record and respond to any complaints received. We saw no complaints had been received regarding the delivery of care but noted a number of compliments had been received. Information regarding how to raise a complaint was on display in communal areas and held in the service user guide, which people were provided with a copy of.
- People spoke with told us they had no complaints regarding the delivery of their care, but were confident that if they did, they would be listened to and responded to appropriately.

End of life care and support

- The service does not currently provide people with end of life support.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they were happy with the service they received. One person said, "You can speak to any people [staff] here and [registered manager's name] has always been very helpful". A relative told us, "I've no concerns". Staff told us they considered the service to be well led and they would recommend it. One member of staff said, "They [management] do listen and act; you can put suggestions forward and they take on board what you say".
- People and staff all spoke positively about the new registered manager, who had been in post just a few months. A member of staff said, "[Registered manager's name] is calm and organised and very open. They have shared their vision to have client centred practice in care and meet people's needs". Staff spoke positively about this and were clearly onboard with the message the registered manager was delivering.
- Staff told us they felt listened to by the registered manager. They told us their door was 'always open' and they were confident that the changes that they were bringing to the service, could improve the delivery of care to the people they supported.
- Regular staff meetings took place providing staff with the opportunity to become involved in the running of the service. We noted when the registered manager held their first staff meeting, it was recorded that they said, "I want to instil a culture of openness and trust amongst colleagues and will expect all colleagues treat each other with dignity and respect".
- Other members of the management team spoken with were complimentary of the registered manager and were enthusiastic about the changes they had introduced to the service. The provider's health and wellbeing officer told us, "In a short space of time, [registered manager's name] has made a difference and it stands out".
- The registered manager had been open and honest about safeguarding concerns and were aware of their responsibilities to act on and notify the Commission of these events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff spoken with were aware of their roles and responsibilities. Handover sheets were in place to provide staff with the information they required when they arrived on shift.
- We observed the service to be well run and there was a clear staffing structure in place. All managers involved in the service had also received training in care delivery and were able to provide care and support where necessary.
- Staff received regular supervision which provided them with the opportunity to discuss any concerns or training needs they may have and to receive feedback on their performance. This in turn meant the

registered manager was able to account for the actions, behaviour and performance of their staff.

- The registered manager was aware of the regulatory requirements of their role. Since being in post they had submitted notifications to us appropriately and had met the requirement to display their most recent rating on their website and within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to take part in the running of the service. Monthly meetings took place, providing people with the opportunity to raise any concerns they may have. We noted the minutes of the recent meetings reflected that people had contributed to these meetings and were listened to.
- Regular staff meetings took place, providing staff with the opportunity to discuss the service and any concerns or ideas they may have. We saw that staff were confident to engage in discussion in these meetings and their views were recorded. We noted that at one meeting, reminders were given to staff to record the mood of people they were supporting when they visited and ensure body maps were completed. We noted in files seen that this was being done.

Continuous learning and improving care

- The registered manager was proactive in identifying additional training and support needed for care staff. For example, they had identified the need for additional learning regarding dementia care and had been effective in ensuring the staff group were the first in their organisation to access this. The health and wellbeing officer (who arranged this) told us, "This was the first site to receive this training. [Registered managers name] was adamant they had it to support staff who 'needed more understanding on how to support people living at Poppy Court'".
- There were a number of quality audits in place to provide the registered manager with an overview of the service. These included care plan and medication audits, staff files, supervision and training audits.
- The area manager conducted their own regular audits. Any areas for action, which were identified through audits and feedback from people, were added to an action plan. The plan was monitored closely to ensure the actions were acted on in a timely manner.
- The provider had their own quality advisor in post to support the service, analyse information collected for any trends and share good practice. For example, the quality manager described a system of 'reflective learning' that was in place both locally and corporately which meant any lessons that were learnt would be shared with other locations and we saw evidence of this.

Working in partnership with others

- The registered manager told us of the plans they had and actions they had put in place to work in partnership with other agencies in order to support care provision and the development of the service. They told us they were keen to connect with local services and the wider community and contact had already been made with the local councillor and local newspapers. A number of workshops were being planned for people to attend if they were interested, for example regarding understanding dementia, and working with the National LGBT Partnership to find ways of challenging homophobia.
- Other workshops were being planned to help service users improve the quality of their lives including healthy eating and falls prevention.