

Yourlife Management Services Limited

Your Life (Welwyn Garden City)

Inspection report

Peel Court
The Campus
Welwyn Garden City
Hertfordshire
AL8 6DG

Tel: 01707328220

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 13 November 2018 and was announced.

Your Life (Welwyn Garden City) provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

There were 59 individual apartments within the building (Peel Court). There was an office space and staff provided people with a range of services including personal care, medicines management and cleaning services. At the time of the inspection five people received care and support.

The service did not have the registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider continued to take appropriate steps to protect people from the risk of abuse or neglect. Staff understood their responsibility to safeguard people and knew the action to take if they were concerned about a person safety. There were sufficient numbers of staff available to meet people's needs. Recruitment processes were robust and helped to ensure that staff were of suitable character to work with vulnerable people. People's medicines were administered safely when they needed this support. Staff were aware of infection control measures to help reduce the risk of the spread of infection.

Staff continued to receive the training and supervision necessary to carry out their roles effectively and safely. Staff understood the principles of the Mental Capacity Act 2005 (MCA). People were supported to access healthcare professionals as required.

Staff continued to provide a service that was caring, respectful and promoted people's privacy and dignity.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views about the service they received. The provider had effective systems to monitor and improve the quality of the service provided.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider did not have a registered manager in post at this service.

Staff felt supported by the provider's senior management team.

Quality assurance was assessed the provider's senior management team.

Your Life (Welwyn Garden City)

Detailed findings

Background to this inspection

We carried out this inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 announced inspection took place on 13 November 2018 and was carried out by one inspector. The provider was given 48 hours' notice because it is a small service and we wanted to be certain that someone would be available to support the inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experiences of the service.

The provider had completed and submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and any improvements they plan to make.

We reviewed information we held about the service including notifications. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur in the service.

During our inspection we spoke with the area manager, the duty manager and two people who received care and support.

We reviewed some of the records including four people's care and support plans, two staff files, staff training records and a sample of audits.

Is the service safe?

Our findings

People felt safe using the service. One person said, "I do feel safe, just knowing they are there and the emergency system is there helps me feel safe." Another person told us, "I feel safe and supported with my morning daily visits from staff."

At care plan reviews people were asked if they felt safe with the service provided, one person had responded, "I feel safe living at Peel Court. I know that if I need any help in an emergency I can pull my red alarm button. I also like that the door entry system means that only people who should be in the building can get in. This gives me great peace of mind and is the main reason for moving here."

Staff knew how to recognise and report abuse. Information was available for staff to access in the event they suspected a person may be at risk of abuse and one staff member told us, "We work closely with Hertfordshire county council so in the event of a safeguarding concern we would contact the safeguarding team and follow our policies and procedures."

People had their individual risks assessed and plans were in place to mitigate these risks. For example, a person who had previously experienced falls had risk assessments in place for such issues as slippery and wet floors, worn rugs or carpets or inadequate lighting. Risk assessments were regularly reviewed alongside the person's care plan to ensure that the care provided was safe.

People were supported by sufficient numbers of staff to meet their needs. On the day of this inspection there were five people using the service. The care provided varied from half an hour for one person once a week to a person receiving four calls per day. People who used the service told us that there had been some recent staffing issues which had left them feeling that they couldn't ask for any additional care. A staff member told us, "Staffing has been a concern but I feel now that it is under control. We have successfully recruited two new staff members and there is one further staff awaiting satisfactory checks before they start." The area manager confirmed that the staff team was now back to full complement.

People who used the service had access to staff support 24 hours a day. Staff were deployed from 7am to 11pm and there was a 'sleep in' staff member available overnight in the event of an emergency.

The provider operated a robust recruitment process. We reviewed two staff recruitment files and found all necessary checks had been completed prior to staff members starting to work with people who used the service. Some copies of identification documents had not been signed to indicate when the original had been seen and by whom. We discussed this with the area manager as an area for improvement together with ensuring that dates of applicants' employment history were fully completed to enable the management team to identify potential gaps in employment.

People's medicines were managed safely. At the time of this inspection staff supported one person with their medicines. Records clearly indicated who had provided this assistance and when. The medicines were checked routinely to help to minimise any risk of error. Staff had received training and their competency to

provide this support had been assessed. A person had commented at a recent care plan review, "Staff come to me every morning while I am in bed to give me my tablets. This is important because I need to have my pain under control before I can get out of bed."

Staff had received fire awareness training and confirmed that regular fire drills were undertaken. Fire safety was discussed in meetings held for all the people who lived at Peel Court. We were told that the fire alarms had sounded early in the morning on the day of this inspection, the fire service had arrived very quickly to discover that this had been a false alarm. The area manager said this had shown that the systems in place were effective.

People who used the service were highly independent and consequently there had been few incidents for the management team to use as learning events. However, the area manager reported that some people had experienced falls in recent times and a process had been developed to sensitively monitor these and to access professional support to help prevent recurrence. There had been one incident where relatives had removed a person's medicines without sharing this information with staff. The learning outcome from this incident was that there needed to be clearer communication with relatives of people who used the service to clarify individual roles and responsibilities regarding people's medicines.

Staff received training to give them the skills and knowledge to maintain good infection control standards. Personal protective equipment was available and people told us that staff used this appropriately in their work.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. A person who used the service said, "The permanent staff here are very skilled." Another person said, "They (staff) seem very efficient, the care I receive meets my present needs."

Staff said they felt well equipped for their role. All the established staff team had achieved a national vocational qualification in care. Newly recruited staff without these nationally recognised qualifications undertook the care certificate as part of their induction programme. Basic core training had been provided including an induction at the start of employment, moving and handling, medicines, safeguarding people from abuse and food hygiene. Some additional training had been provided in specific areas such as end-of-life training.

A staff member said, "New staff training is a mixture of e-learning and face-to-face." The staff member confirmed they had received safeguarding, medicines and moving and handling training as face-to-face training elements. The staff member told us, "If specific moving and handling needs were identified we would access support from a sister service of the provider and external health professionals such as occupational therapist if needed."

Staff confirmed that there was a programme of supervision which meant they met formally with a line manager regularly. Whilst the service had not had a registered manager in post for a while the area manager had been providing regular support. A staff member confirmed that they received regular support from a line manager and said, "If we have a problem we can contact the area manager 24 hours a day, they are very supportive."

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.

We checked whether the service was working within the principles of the MCA. The management team advised that where people lacked capacity their relatives provided support with decision making. The management team understood how to access additional support for best interest meetings if these were needed.

People were responsible for making their own arrangements for mealtimes. There was a restaurant on site but this was a separate service that the provider did not manage.

People were responsible for making their own health appointments. The area manager advised that staff would support people with health appointments as needed but this was an additional service. People's health needs were clearly documented in their care plans so that staff had awareness of people's individual

health conditions. Staff told us the service worked closely with external professionals such as occupational therapists where possible to help ensure people receive the right support.

Is the service caring?

Our findings

People were treated with dignity, respect and kindness. People were very positive about their experiences with staff. One person said, "The staff are always kind and respectful, they address me properly." Another person said, "The staff are all very friendly, very caring, competent and considerate."

A person had commented at a recent care plan review, "I have no complaints about any of the staff here, I am happy with the care and support I received."

We noted that as staff went about their jobs they spoke respectfully with people as they passed and knocked on doors. They either waited for the person to call out for them to come in or waited for the door to be answered. Care plans gave staff clear guidance about how people wished to be approached and addressed. For example, "Staff to knock on [Person's] door and wait to be invited in."

People felt their privacy was promoted and that staff were discreet when assisting them with personal care.

People were supported to be as independent as possible. Care plans included guidance to support staff to help people maximise and maintain their independence. For example, one care plan we viewed stated, "Staff to put small amount of shower gel onto a flannel so that [person] can then wash themselves."

Confidential information about people was stored securely to promote their privacy and dignity. People had a copy of their care plan that they maintained in their own apartments and a duplicate copy was held by the staff team.

People were involved in planning their care. Care records clearly showed that people were involved when care commenced and at each review thereafter. Part of the review process was to check if people were still satisfied with the overall service they received and they signed the care plan to confirm this.

A staff member told us that they had supported people to access advocacy services when they had needed support with making a specific decision.

Is the service responsive?

Our findings

A person who used the service said, "I have found them (staff) to be responsive and flexible to my needs."

Care and support plans were written in a detailed way that gave clear guidance to staff to help ensure they delivered care in a way that met people's needs, took account of their preferences and was safe. For example, one care plan stated, "I would like to remain as independent as possible, I would like my needs met by having daily assistance from staff." Another care plan detailed how staff should support a person who experienced pain when moving. The care plan stated, "[Person] would like staff to lower their legs from the bed to the ground. This can be very painful for [Person] so staff need to take care and move [person's] legs slowly."

Care plans provided staff with clear information about people's specific health needs. For example, we saw explanations of the conditions and the support needed in cases such as osteoarthritis and chronic obstructive pulmonary disease for example.

The service provided was responsive to people's changing needs. For example, one care plan stated, "I only require assistance because I had a fall and broke my arm in two places. I expect to use the care service for up to four weeks and once my plaster is off my arm I will be fully independent once again." The person told us that the service had immediately put into place the support that the person had asked for to help maintain their safety and wellbeing. Staff completed daily records to indicate the care and support that had been provided.

People who used the service arranged their own activities within the complex. These included parties, outings, movie nights, bridge games, mah-jongg, scrabble and table tennis. The area manager told us that staff encouraged people to attend activities to help combat the risk of loneliness and isolation.

People knew how to make a complaint if needed and this information was available to them in their care plans. The area manager reported that there had been some complaints from people around various matters but not relating to the provision of care. We reviewed complaints records and found that that was the case.

A person who use the service told us, "I would make a complaint if I needed to. There is no manager at the moment so I would speak with whoever is in charge on the day." A staff member said, "We address any grumbles instantly before they have the chance to escalate into complaints. We are a close team so things are dealt with quickly."

There were a number of compliments cards received by the service. However, these were not dated so it was not possible for us to put into context the comments made. We discussed this with the area manager who undertook to pass on a suggestion to date stamp compliments when they were received.

Is the service well-led?

Our findings

The provider did not have a registered manager in post at this service at the time of this inspection. The previous registered manager had left the service in July 2018 and had not cancelled their registration despite frequent prompting to do so from the provider. The provider had recruited a new manager, who had intended to register with CQC but they had left the service suddenly in November 2018. The area manager advised that further interviews for the position were already scheduled and told us, "It is really important to get the right person for the role."

A person who used the service said "I would recommend this service to people looking for something like this but it is disappointing that they can't seem to keep a manager. However (name of duty manager) is very approachable." Another person said, "We are all very worried that the management situation might mean staff leave and we don't want that to happen." A further person said, "We were all shocked when the latest manager left and we feel so sorry for the care staff."

Staff told us they enjoyed working at the service and said they felt supported in their role. Staff meetings were held to discuss any issues in the service and to enable staff to contribute any ideas they may have to improve the service. We reviewed minutes of staff meetings and noted that issues such as safeguarding, complaints, training, recruitment and record-keeping were discussed.

There were systems in place for monitoring the quality of the service. The area manager visited the service a minimum of three times per month at the current time due to the management instability. There was a team of four duty managers who ran the service day to day with the support of the area manager and operations manager.

Quality assurance audits were undertaken by the area manager. We noted when shortfalls were identified through these audits action plans were developed and monitored until the necessary actions had been completed.

Quality assurance questionnaires were given to all homeowners regarding the property and services but not specifically the care. However, the area manager told us they spoke with a sample of people who used the service at each visit to help ensure they were satisfied with their care. People who used the service confirmed that they were continually asked if they were satisfied with the care and support provided.

Meetings were held with all the people who lived at Peel Court. We reviewed the meeting minutes and noted people were brought up to date with care and domestic staff recruitment and updated on the management arrangements. People were encouraged to raise anything that concerned them, we saw that people had discussed various topics including rubbish disposal, parking spaces, external contractors and the differences between domestic support and delivery of personal care.