

Yourlife Management Services Limited

YourLife (Poundbury)

Inspection report

Bowes Lyon Court
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Date of inspection visit:
05 February 2018

Date of publication:
07 March 2018

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

The inspection took place on the 15 and 18 December 2017 and was announced.

The service is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 3 people.

This service is a domiciliary care agency. It provides personal care to people living in their own apartments in the community. It provides a service to older adults. Not everyone using Yourlife Poundbury receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Yourlife Poundbury office is situated in Bowes Lyon Court which is a McCarthy and Stone retirement living development of 62 apartments. The service provides support to people living in these apartments and staff are on site 24 hours a day. Bowes Lyon Court is a new development and included a restaurant, internal garden, library and other facilities which people living in the apartments were able to access.

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.

People were supported safely by staff who understood the risks they faced and their role in managing these.

People received their medicines as prescribed and these were recorded accurately.

People were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns.

People were supported by enough staff to provide effective, person centred support.

Staff were recruited safely with some pre-employment checks but systems needed to be improved to ensure that information about previous conduct of new staff was robust.

Staff received training and support to ensure that they had the necessary skills and knowledge to meet people's needs.

People were supported to make choices about all areas of their support.

Staff had training in food hygiene and infection control and understood their roles and responsibilities with

regard to protecting people from the risks of infection.

Accidents, incidents and near misses were recorded and learning from these used to prevent reoccurrence and improve support provided for people.

The service ensured that people had access to health care professionals as required. People were supported to retain their independence in their own homes.

People were supported by staff who showed kindness and compassion. Staff protected people's privacy and dignity and were respectful of people's homes.

People were involved in reviews about their support and changes to their needs were reflected in care records.

No-one was in receipt of end of life care but there was a policy in place which included people's preferences and wishes.

There was a complaints policy in place and people felt confident to raise any concerns.

Care records included person centred details including people's preferences and what was important to them.

Feedback about the office was positive from people, relatives and staff and management were approachable and available.

Quality assurance measures were regular and used to identify trends and drive improvements.

Feedback systems were effective and again, used to drive changes.

Staff understood their roles and responsibilities and good practice was recognised and encouraged.

The service was aware of the importance of partnership working and understood when to seek advice or guidance

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

Risks people faced were understood and managed by staff.

People received their medicines as prescribed.

Appropriate pre-employment checks were carried out for new staff but more robust checks about conduct in previous employment were needed.

Sufficient numbers of staff were deployed to meet people's needs.

People were protected from the risks of abuse by staff who understood the potential signs and were confident to report.

People were protected from the spread of infection by staff who understood the principles of infection control.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good ●

The service was effective.

People were asked to consent to their support and staff understood the principles of the Mental Capacity Act 2005.

Staff received training and supervision to give them the skills they needed to carry out their roles.

The service worked with other healthcare services to deliver effective care.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported by staff who communicated in ways which were meaningful for them.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff

People and their relatives were listened to and felt involved in making decisions about their care.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff spoke positively about the management of the service.

Staff felt supported and were confident and clear about their roles and responsibilities.

Quality assurance measures provided oversight and enabled the service to identify good practice and areas for further development.

Feedback was used to highlight areas of good practice or where development was needed. Information was used to plan actions and make improvements.

YourLife (Poundbury)

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 took place on 5 and 6 February 2018. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by a single inspector. Inspection site visit activity started on 5 February and ended on 6 February 2018. We visited the office location on 5 February to see the manager and to review care records and policies and procedures. We visited people in their homes on 5 February and contacted some relatives and staff by telephone on 6 February to gather their views.

Before the inspection we reviewed information we held about the service. We had not requested that the provider submit 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 gathered this information during the inspection. In addition we looked at notifications which the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to obtain their views about the service.

During the inspection we spoke with three people who used the service and three relatives. We also spoke with five members of staff and the registered manager.

We looked at a range of records during the inspection. These included three care records and three staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, risk assessments, meeting minutes and staff training records.

We requested that the registered manager send us a copy of the updated end of life policy after the

inspection and this was provided.

Is the service safe?

Our findings

Safe recruitment processes were not consistently followed. There were some gaps in recruitment checks which meant that sufficient evidence of staff conduct in their previous employment was not always obtained. Three staff files did not have references which provided sufficient evidence of previous conduct and this meant that there was an increased risk which had not been identified or managed. The registered manager told us that they would ensure that this was improved for future recruitment to ensure that safe procedures were followed and any increased risks were considered. They also fed this information back to the provider to ensure that this learning was shared.

People told us that they felt safe with the support provided by Yourlife staff. One explained that staff always knocked before they came into their apartment and this made them feel safe and secure. A relative explained that they had observed staff reassuring their loved one to make them feel safe and told us "I know (name) is safe with them".

People were protected from the risks of abuse because staff understood the types of potential abuse and were confident to report. One staff member told us that they would be aware of people being "withdrawn...not speaking with families, reports of money going missing" and explained how they would raise these concerns with their line manager. There were safeguarding and whistleblowing policies in place which included potential types of abuse, signs for staff to be aware of and how to report to external organisations if needed. Staff had been asked to sign to say that these policies had been read and understood and paper copies were accessible for staff to reference if needed.

Staff were aware of the risks people faced and their role in managing these. People had individual risk assessments which identified potential concerns and actions to manage these. For example, one person had a risk assessment relating to managing their medicines. It outlined what the potential risks were of the person managing their own medicines and what support was needed from staff to assist the person to manage their medicines safely. A member of staff told us about one person who was at risk of falls. They explained how they supported them to manage this risk including "checking environmental risks...that the space is free from clutter or any trip risks". Another person had a known risk which was not included in their care plan. The registered manager told us that they would ensure a risk assessment was put into place and provided evidence following the inspection that this has been completed.

Staff understood how to use equipment people needed safely. One person used a frame to walk. Staff explained how they ensured that the person had this when they assisted them and reassured them while they walked. Another person needed a frame but walked without staff support. Staff encouraged and prompted the person to use their frame and also made sure that they were wearing their pendant alarm so that they would be able to alert staff if they fell.

There were sufficient numbers of staff to meet people's assessed needs. People told us that staff were available when they needed them and visited at the times they preferred. One person told us "I've always had help when I've asked for it". The registered manager explained that staff were recruited in response to

the needs of people who moved into the apartments to ensure that there were sufficient staff available. The sales team for the apartments identified whether people moving in might need an assessment for support and this meant that the recruitment process was flexible and led by people's needs.

People received their medicines as prescribed. Staff prompted some people to take their medicines and assisted others to apply prescribed creams. Charts were in place to inform staff about where creams needed to be applied and the frequency. For medicines and prescribed creams, Medicine Administration Records (MAR) had been completed accurately by staff. One person told us "that's the first thing they (staff) do...they do my tablets". Another person told us that staff always prompted them to ensure that took their medicines as prescribed. There was a medicines policy in place and staff administering medicines had received the required training. There was also a clear process for staff to follow in the event of any medication errors occurring.

Staff protected people from the spread of infection by using appropriate Personal Protective Equipment (PPE). A staff member told us that they used gloves and aprons when supporting people with personal care and also when preparing food. Another staff member told us they did "lots of handwashing (in between visiting people), we wear gloves and aprons. We also have hand gel which we carry and use". The service had an infection control policy in place which was available for staff and included when and how PPE needed to be used and staff responsibilities for preventing the spread of infection. The service had not had any outbreaks of infection in the 12 months prior to the inspection.

Staff understood their responsibilities to raise and report concerns, incidents and near misses. We saw that there had been an incident with a fire in a person's apartment. This had been reported by staff and an accident form completed to evidence the near miss. There had been learning from this which included arranging a coffee morning for all the homeowners which was to be attended by the local fire officer to provide a refresher and advice for people.

There was a business continuity plan in place which covered situations such as multiple staff sickness, computer system failure and adverse weather. Emergency contact numbers for local essential amenities were included along with key contacts for management staff.

Is the service effective?

Our findings

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.

Every person receiving support at the time of inspection had capacity to make decisions about their care and treatment. The service had MCA and best interest forms in place and a policy which explained when people might need an assessment of capacity and staff roles in seeking consent from people. Staff had received training in MCA and understood the main principles of the legislation. One staff member told us "we always assume capacity" when considering whether MCA might be needed. MCA was the 'topic of the month' when we inspected and we saw the main principles of MCA displayed in the staff room and that the policy was available for staff.

People and those important to them were involved in assessments about their support. People told us that they had visited Bowes Lyon Court before moving in to an apartment and that staff had discussed with them what support and assistance they would need. One relative told us "they came and spent time with us – found out about (name), what they had done during their life and their interests". The registered manager explained that they met with people and completed a pre-assessment before people moved in and that staffing was planned and deployed based on the needs of the people who moved in to the apartments.

The service provided staff with regular training which related to their roles and responsibilities. Staff were knowledgeable about people's needs, preferences and choices. We reviewed the training records which confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and first aid. Other training relevant to people's needs was available for staff and the registered manager had sought feedback from staff about what additional training options they felt would be most useful. Options included diabetes and end of life care. Staff were encouraged and supported to undertake national qualifications and we saw that all staff were progressing through a variety of health and social care and leadership qualifications.

New staff were supported through an induction and probation period and completed training in several core standards relating to people's care and treatment. These included communication, Equality and inclusion and safeguarding. One member of staff told us that they had shadowed other staff when they started and had found this useful in particular around moving and assisting people and managing medicines. Probation records evidenced that staff met with the registered manager to review their progress through their probation period.

People were supported to access health professionals where needed. People had regular visits from the district nursing team and were able to self-refer when they needed to. Additional equipment had been sourced for people, including grab rails in a person's bathroom to manage the risk of falls. 'Grab' sheets

were available for people if they required emergency hospital admission. These sheets included relevant information about people including their needs and any allergies and were easily accessible to be provided to emergency services if needed. This demonstrated that the service was working effectively to ensure that people received consistent support across different services.

At the time of inspection, no-one was receiving regular support to prepare meals or drinks. Staff provided occasional assistance with breakfast for one person and gathered people's meal choices which were passed to the on-site catering team who prepared meals for people who chose this option. The registered manager explained that they sought information about people's dietary requirements when they moved in to Bowes Lyon Court and would provide assistance with people's meals and drinks if this was required.

Is the service caring?

Our findings

People and relatives told us that staff were kind and compassionate in their approach. One person explained "I just love them (staff)...they are kind...I know they would never do anything wrong...I trust them". Another explained "staff are wonderful, I can't say enough". Staff spoke with warmth and affection about the people they supported and knew their likes and dislikes well.

People were offered choices by staff about their care and treatment. One relative explained that they were offered choices about the times the staff visited and that these suited them. A member of staff explained that they always sought consent before assisting a person and offered them choices about their drinks and what support they wanted.

Information about external services and community links was displayed in Bowes Lyon Court for people. There were folders outside the office of the registered manager which included details and contact numbers for local services including GP surgeries and dental practices, the local rehabilitation team and the Alzheimer's Society. The registered manager explained that no-one was in receipt of any advocacy services at the time of inspection, but that they would make people aware and refer for this if it was required by anyone.

Staff had training in equality and the registered manager explained that if anyone had protected characteristics under the Equality Act, staff were aware of the importance of the "attitudes, approaches and strategies used...to ensure people are not excluded or isolated". One of the induction standards staff were required to demonstrate included understanding practices which support equality and inclusion. Staff explained how they respected the relationship of one person and were mindful of respecting their privacy and ensuring that they were supported in their relationship. The registered manager was also mindful of the needs of staff and of promoting equality and inclusion and explained how they would support and enable staff and people to embrace diversity.

Staff encouraged people to be as independent as possible. One person had difficulty walking when they first moved into their apartment. They often used a wheelchair to move around. Staff explained that they encouraged the person to walk with a frame more and walked with them for reassurance. The person's walking improved and we observed that they walked independently from staff with their frame to go to the restaurant for their lunch and back to their apartment. A member of staff explained that they encouraged a person while assisting them to have a shower. They told us "I encourage (name) to do as much of it as they can and assist with the bits they can't do".

People's privacy and dignity was respected by staff. One person told us that they preferred not to have a male member of staff providing personal care and this had been respected by staff. Staff told us that they always knocked and sought consent to enter people's apartments and ensured that they covered people while assisting with personal care. One relative explained how staff ensured their loved one had privacy while they were in the bathroom and went to continue the person's support when they asked staff to do so.

Is the service responsive?

Our findings

People had care plans which included details about what was important to them and they were involved in reviews and changes to their support. They included people's preferred names and information about those important to people. Reviews were undertaken with people and those important to them and care plans reflected when people had been seen by their GP or other health professionals and any changes to the persons care and treatment, either by the service or external health professionals. For example, one person had developed an area of sore skin. They were reviewed by a district nurse and the person's care plan was changed to encourage the person to walk more frequently and a new prescribed cream was started. The person's skin had improved and their support had been reviewed again and the prescribed cream stopped as it was no longer required. Support had been responsive for another person when they became unwell. Additional temporary support had been provided until the person requested that this was no longer needed. This demonstrated that people received personalised care which was responsive to their needs.

People had access to call bells in their apartments to use in an emergency and where people were able to walk around Bowes Lyon Court, they had pendant alarms which meant that they could use technology to summon staff if they needed to. Visitors to the apartments needed to gain entry via a main coded door which included video imaging. This meant that people were protected from possible harm because any unknown visitors were monitored by administrative staff who were stationed in the main entrance. The registered manager explained that people had been allowing entry to visitors even if they did not know them. Staff had therefore spent time with people ensuring that they understood that they did not need to allow entry for people who called their flat directly from the main entrance because staff would be able to check visitors if they were not familiar to people.

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. One person had difficulty hearing and had hearing aids in place. They were reluctant to wear these and staff had therefore found ways of communicating with the person using hand gestures. The person told us "staff have a good idea of how to communicate with me". Staff explained some of the gestures they used with the person to aid communication and had also moved the person's doorbell so that they could be alerted visually if anyone came to their apartment. Information in the service user guide for people was available in braille, easy read or large print and could also be provided in audio format. This meant that information was available in a range of accessible formats to meet people's individual communication needs.

People and relatives told us that they would be confident to raise any concerns or complaints and that they would be listened to. The service had not received any formal complaints in the 12 months prior to our inspection but there was a policy in place which people had in their apartments. This included contact numbers for external organisations including CQC and the Ombudsmen. People told us that they would go and see the registered manager if that had any concerns. The service also recorded compliments where these had been received and we saw that they had received positive feedback following events which had been arranged at Bowes Lyon Court including a celebration of the first year of the court being open and a

BBQ which had been held for people and those important to them.

No-one was receiving end of life support at the time of inspection and the policy around end of life was being rewritten and updated by the provider. A copy of the updated policy was provided following the inspection and included guidance about assessing and ensuring people's comfort, nutrition, pain management and staff support. The registered manager explained that as people's needs changes and possibly increased, the focus was to enable them to be supported in their apartment wherever possible and to support them to receive end of life care in their own home if this was the person's wish. People's care plans included advance decisions and involvement of people's relatives and loved ones where appropriate.

Is the service well-led?

Our findings

People, relatives and staff told us that the management of the service were approachable and helpful. The registered manager had an office near the main entrance and we saw that they had an open door policy which people, visitors and staff used throughout the inspection. One person told us "I adore the registered manager, I see (name) all the time". A relative explained that the registered manager was "very good, very efficient and checks everything". A staff member explained that the registered manager was "really accessible and able to speak with them" and another told us "If I need to know something, (name) is really helpful". The registered manager told us that they ensured that they were available and approachable for people and staff and that they encouraged everyone to speak with them if they needed to. They explained "If I'm busy when someone comes in...I stop what I'm doing."

Staff understood their roles and responsibilities and communicated well through written and verbal handovers. The registered manager had several care co-ordinators and shifts were arranged so that a duty manager was available if the registered manager was not working. Staff were clear about their roles and because they were a small team, communication was effective. One staff member told us we are a "small enough team that we all get to know each other individually". Another staff member explained that they used a written record to update staff at the start of each shift about any changes to people's needs and emails were also used to update staff.

The service had a statement of purpose which set out the priorities for the service people received from Yourlife. These included promoting dignity, privacy and respect; respecting people's individuality; providing a reliable, quality assured, seamless service and involving people in the way their service was delivered. The values of the service were identified as passion, responsibility, innovation, determination and excellence and were on display in the staff room. Other prompts about best practice for staff were observed including quick prompts about identifying and reporting safeguarding and ensuring that medicines were administered safely. Topics were chosen each month and used as a basis for driving best practice at the service. The registered manager explained that over Christmas 2017 the topic for staff had been around the gifting policy. They had worked with staff and homeowners to ensure that there was a transparent and equitable way of managing gifts for staff and told us that this had worked well.

The registered manager received regular support from the provider and also received updates from national health and social care organisations. They attended regular meetings with other registered managers and were able to use these networks to discuss practice and ideas for improvements or changes. They explained that they were in the process of implementing a new dementia toolkit and cascading learning from virtual dementia training they had undertaken to other staff. They explained that the virtual dementia training had "brought home to me how frightened people can become".

The service was aware of the importance of partnership working and understood when to seek advice or guidance from external bodies including the local safeguarding team. The registered manager had sought advice from CQC when required and was aware of their responsibilities to submit notifications to CQC.

Staff were motivated through regular informal updates with the registered manager and regular team evenings which enabled the staff team to spend time together. The registered manager arranged for night cover to be provided from another Yourlife service so that all staff were able to attend the planned evenings and explained that they were an opportunity for staff to get to know each other and bond as a staff team. Staff also had access to a counselling and support service to promote their wellbeing.

Feedback was obtained through meetings for homeowners and those important to them and regular surveys. When staff started in post, the management team sought feedback from people as part of staff probation and also completed unannounced observations of staff to ensure their competence in their role. The provider send surveys seeking feedback from homeowners six weeks after they moved in to their apartment to review how the process had been and again at nine weeks. Feedback from surveys and meetings was used to drive changes and improvements at Bowes Lyon Court. For example, some homeowners had expressed concerns about a new building which was being constructed next to their homes. The registered manager had arranged for the building company to attend the next planned homeowners meeting in response to this so that people could ask questions and find out more about how this might affect them.

Accidents and incidents were regularly monitored and there was an oversight system which included the area manager to monitor any patterns of trends highlighted. Reports included details of the person who had been affected, who had reported the issue, a description of the incident and any actions or recommendations from this.

Quality assurance measures were regular and used to drive improvements. The registered manager produced a monthly report with information from the regular audits and this was taken and discussed at senior management level to provide oversight and any trends or issues across different locations. Audits included actions taken to make required changes to the support people received. For example, a medication audit identified that one prescribed cream for a person had been stopped and needed to be removed from the persons MAR. This had been actioned. The area manager visited regularly and provided additional quality assurance oversight. At each visit they spoke with some people receiving support, reviewed care plans and spoke with staff. Again, any gaps or areas for improvements highlighted as part of this process were actioned.