

Yourlife Management Services Limited

Roswell Court

Inspection report

Roswell Court
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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 was announced and took place on 12 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

We previously inspected the service in December 2013 and did not identify any concerns or breaches of regulations. Roswell Court provides personal care to people living in their own apartments in an assisted living complex in Exmouth. At the time of the inspection they provided personal care to six people. Times of visits ranged from 30 minutes to an hour and the frequency of visits ranged from one visit a day to 28 visits a week.

When we visited there was a 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. The previous registered manager left the service in 2013 and had not submitted an application to deregister with CQC. The provider had contacted this person and they have now submitted an application to remove themselves as registered manager at the service.

People were supported by sufficient numbers of care workers who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed the registered manager and care workers took the time to talk with people throughout the day as their office was situated in the assisted living complex.

There were safe and robust recruitment procedures to help ensure that people received their support from care workers of suitable character. Care workers had received a full induction and were knowledgeable about the signs of abuse and how to report concerns.

Care workers relationships with people were caring and supportive. They offered care that was kind and compassionate; they respected people's privacy and dignity and maintained people's independence as much as possible.

Care workers received a range of training and regular support to keep their skills up to date in order to support people appropriately. All of the care workers had or were working towards a higher qualification in health and social care. Care workers spoke positively about the registered manager, the teamwork and the open culture at the service. People were supported by a team that was well led with high staff morale.

Care files were personalised to reflect people's personal preferences. Care plans identified people's needs but had little detail to guide care workers to ensure they received consistent care. However we were

confident people received consistent care because of the low staff turnover, small staff team and daily handover meetings. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

The registered manager and care workers demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and care workers. There was a complaints procedure in place, however there had been no complaints made regarding people receiving personal care at the service.

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

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support.

Staffing arrangements met people's individual needs and ensured a consistent approach.

There were safe and robust recruitment procedures to help ensure that people received their support from care workers of suitable character.

Peoples' medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Care workers were provided with on-going effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

People valued the relationships they had with care workers and expressed satisfaction with the care they received.

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

People were treated with kindness and respect. Care workers

built meaningful relationships with people who used the service.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before their care commenced and care plans were regularly reviewed and updated as their needs changed.

People received individualised care and support that met their needs. Although more detail was required in people's care plans to ensure consistent care.

People were actively encouraged to give their views and raise concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

Care workers spoke positively about how the registered manager worked well with them. The culture was open and honest and focused on each person as an individual and the service was tailored to people's needs.

People, their relative's and care workers views and suggestions were taken into account to improve the service.

The service used a range of quality monitoring systems to monitor the quality and safety of people's care.

Roswell Court

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 inspection was announced and took place on 12 February 2016. The provider was given 48 'hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, the provider 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 information in the PIR and also looked at other information we held about the service before the inspection visit.

We previously inspected the service in December 2013 and did not identify any concerns or breaches of regulations. Roswell Court provides personal care to people in an assisted housing complex. At the time of the inspection they were providing personal care to six people. We visited four people in their own apartments and spoke with two close relatives to discuss the care package people received.

Before our inspection we sent three questionnaires to people who use the service, their relatives and health care professionals. This was to gain their views about the service. We received responses from one person who used the service.

We spoke and sought feedback with six staff, including the registered manager, duty managers, care workers and the cook. We looked at two staff recruitment records, and at complaints, training and quality monitoring records, such as audits and survey results. We sought feedback from health and social care professionals of the service and received a response from two of them.

Is the service safe?

Our findings

People told us they felt safe with the care provided and the care workers who visited them in their apartments. One person said, "No reason not to feel safe they are very good."

Care workers demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, care workers knew how to report concerns within the organisation and externally, such as to the local authority, police and to the Care Quality Commission. Care workers had attended training in safeguarding people. They had access to the organisation's policies on safeguarding people and whistle blowing. Care workers felt confident any concerns they raised would be investigated and actions taken to keep people safe. People had access to information on how to report abuse; contact details were recorded in people's care plans and posters were displayed in the complex so visitors and other people living there were also made aware.

People confirmed staffing arrangements met their needs. Overall they were happy with care workers timekeeping and confirmed they always stayed the allotted time. People confirmed they were informed if care workers were delayed and their visit was going to be late. Each apartment at the complex had a call bell system to alert staff if they required attention. People could also wear pendants around their neck to ensure they had access to their bell at all times. People said the care workers arrived very quickly if they had needed to call them. Comments included, "I have had to use my call bell on a couple of occasions they come very quickly" and "I press my pendant and someone will come to help...they come very quickly."

Care workers confirmed people's needs were met promptly and felt there were sufficient staffing numbers. Where a person's needs increased or decreased, staffing levels or visits were adjusted accordingly. One care worker said: "(Registered manager) listens to what we say and if we think the call isn't long enough she will look into it and move it about." We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained the duty manager would pick up packages if a care worker was absent. People confirmed they had not had any missed visits. Comments included, "Never had a visit missed, they are all very nice."

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments to identify the risk and contributory factors, such as a decline in their mobility. Each person had an environmental risk assessment which considered their environmental risks. For example the assessment included slips, trips and falls, looked at lighting, identified hot surfaces and equipment which might cause a hazard. For example, rugs and hand rails.

People received their medicines on time and in a safe way. People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. Medicine administration records (MAR) were handwritten and had not been signed by the care worker to take responsibility for their entry. The handwritten entry had not been checked by a second care worker to ensure the entry was correct, which is good practice. Care workers had followed the provider's policy which had not instructed them to sign handwritten entries. The registered manager said they would discuss this with the provider. Medicines were dispensed in a monitored dosage system (MDS). This is a medicine storage device designed to simplify the administration of solid oral dose medication and therefore reduce the risk of errors. Each week a medicine audit was carried out to ensure people's medicines were correct and accurately recorded. Care workers had received medicine training and were confident supporting people with their medicines.

People confirmed care workers washed their hands before and after providing care and used personal protective equipment (PPE's), such as aprons and gloves when providing personal care. This reduced the risks of cross infection. Care workers had received training in infection control as part of the provider's mandatory training. The registered manager said they undertook spot checks to ensure care workers were using PPE's.

Is the service effective?

Our findings

Each person and relatives said they were satisfied with the skills, knowledge and attitude of the care workers. Comments included: "Very nice I am very confident in their ability" and "Happy without hesitation."

There had been a low turnover of staff at the service. The last new employee started over a year ago. Records demonstrated that staff had completed an induction when they started work at the service, which included training. The induction required new care workers to be supervised by more experienced care workers to ensure they were safe and competent to carry out their roles before working alone. New care workers met with the registered manager at six weeks and again at 22 weeks to support them, assess their competency and understanding of people's needs and suitability to work for the service.

Care workers received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. All care workers had or were working towards a higher qualification in health and social care. Care workers received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling and health and safety. They also had undertaken a range of topics specific to people's individual needs and enhance their working practices. For example, understanding behaviours in dementia, restaurant experience, team building and communication. Care workers said they found the training provided helped them perform their role and were positive about the training they had received. One care worker commented, "Really good here for training."

Care workers received supervision every eight weeks with the registered manager and an annual appraisal. Care workers confirmed they felt supported by the registered manager. The registered manager recognised the importance of care workers receiving regular support to carry out their roles safely. One care worker said, "It is an opportunity to talk to (registered manager), mind you we can air our concerns at any time." Another said, "She deals with things as they happen and always listens."

Before people received any care and treatment they were asked for their consent and care workers acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. Care workers had received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. One care worker commented, "It helps us understand when talking to families what we can discuss, whether they have a power of attorney... have to do things in their best interest." The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care workers demonstrated an understanding of the MCA and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. On the day of our visit care workers had requested a visit from the district nurse team for a person who had a small wound. The previous week they had contacted the out of hour's doctor's

service because they were concerned about a person whose behaviour had changed. One care worker said, "We get agencies involved if someone needs help."

People could join other home owners in the assisted living complex restaurant for lunch if they wished. At the time of the inspection nobody needed assistance to eat. On the day of our visit one person had not wanted to come to the dining room for lunch. The care worker covering the dining room said how they had taken a small portion on a tray to their apartment and had successfully encouraged them to eat. As part of one person's support package, care workers were required to remind them to have breakfast. Daily entries recorded that care workers had reminded the person each day and that they had eaten breakfast.

Is the service caring?

Our findings

People and their relatives felt cared for by care workers. People had consistent care workers and this was important to them. They were very complimentary about the care workers and said they knew them well. Comments included: "We are very fortunate, I couldn't find fault with any of them they are all very good."; "Quite happy here the response we get is excellent" and "If someone wasn't happy here, they wouldn't be anywhere."

People said they were involved in making decisions about their care and support. They told us their opinions were sought about how best to care for them and were listened to. They confirmed care workers cared for them in a way that respected their privacy. One person commented, "They always maintain my modesty." Care workers were respectful of people's privacy, dignity and maintaining independence. They were respectful; they always knocked to let the person know they had arrived. Relatives said they appreciated how care workers were courteous to them and included them by having a chat with them when they visited.

Care workers spoke about people in a respectful manner, in a compassionate and caring way. When they spoke about their role they took pride in their job. They demonstrated empathy in their discussions with us about people and showed an understanding of the need to encourage people to be involved in their care. They explained that people being involved in their care was important so they received the care and support they most needed.

Care workers said they felt people received good care at the service. Comments included, "All of the girls treat them like our own extended family; we love them to bits. It is important to them that it is girls they know and trust."; "All of the girls are so caring they treat people respectfully like their family. We have a low staff turnover. People are reassured because they know us" and "I like it here everyone is so friendly."

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences.

The provider had put in place new support documentation in September 2015. Care workers had completed the new documentation but retained the original documentation in order to maintain people's safety. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Initial assessments were carried out with people who wished to use the service. This enabled them to express their wishes and views. Care plans were up to date and gave care workers information about the care people required. However there was little individualised detail to ensure people received consistent care. We were assured care workers had a good understanding of people's individual needs because there was a very small team of ten care workers and they had a daily handover. The registered manager said they would work with care workers to increase the detail in people's care plans although they were confident people received consistent care. People confirmed they felt they were involved with organising their care plan and were happy care workers understood their needs.

Each person we visited had a care plan in place which included personalised general information about the person's life history, employment, care needs and wishes. They also identified the relevant people involved in people's care, such as their GP, optician and chiropodist. Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. Risk assessments included a manual handling assessment and environmental. Care workers completed monthly reviews of people's risk assessments and care plan reviews of individual people's needs. People and their relatives were given the opportunity to be involved in reviewing their care plans.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. People and relatives said they had not needed to make any complaints. One comment included: "I have had no reason to complain but would be happy to tell (registered manager) or one of the others, they are all very good." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. There was a complaints procedure in each person's care folder and one on the notice board in the entrance to the complex. This ensured people were given enough information if they felt they needed to raise a concern or complaint. There had been no complaints made at the service by people receiving personal care. However the registered manager demonstrated where a complaint had been made; there was evidence of it being dealt with in line with the complaints procedure.

Is the service well-led?

Our findings

People were supported by a team that was well-led. The registered manager was supported by a small team of ten care workers who all had clear lines of responsibility. People and their relatives spoke positively about the registered manager and how they worked well with them. Comments included, "(registered manager) is very good" and "I see the manager every day she is here and can ask her anything."

Care workers were positive about the registered manager and her leadership style. Comments included, "(registered manager) is very trustworthy."; "Is excellent, will follow through and if she doesn't know something she will find out... on the ball, organised and has a good community care background"; "Can go to (registered manager) if we have a problem" and "Is pretty good, if I ask to see her she will always find time."

Care workers said they felt supported and valued and that there was good team working and an open culture at the service. One care worker commented "We are a small team, we do our best and I think it is a lovely place to work." Another said, "When a crisis happens we all pull together."

People and care workers were actively involved in developing the service. There were two monthly coffee mornings and on the alternate month a home owners meeting. People had the opportunity to discuss concerns with the registered manager. The provider undertook a home owner's survey in July 2016 which included personal care questions. The responses had been positive.

Care workers had attended staff meetings every two months. Meeting records showed meetings took place on a formal basis and were an opportunity for care workers to air any concerns, as well as keep up to date with working practices and issues affecting the service. The last meeting held in January 2016 included a fire drill, being issued with reviewed policies and a discussion about people's care. One care worker said, "We come together to discuss what is not going well and come up with a joint solution." Care workers had a handover meeting at the changeover of each shift where key information about each person's care was shared. This meant care workers were kept up to date about people's changing needs and risks. A staff survey was undertaken in November 2014 and the registered manager said they had another one scheduled.

Quality assurance checks were completed on a regular basis. The registered manager undertook monthly audits of people's care plans and risk assessments, as well as daily records. They also carried out a weekly medicine audit which included looking at people's medicine records. This helped them identify where improvements needed to be made. The provider's representative visited the home monthly and undertook quality monitoring audits. In July 2015 as part of their audit they looked at five people's care and support plans to ensure documentation was in place and completed correctly. Where they had a few minor concerns they put in place an action plan which was checked to ensure it had been completed at their next visit. A review completed in December 2015 asked people if they were happy with the service, looked at care workers arrival times and that they were wearing the required personal protective clothing. The outcome of the review had been positive.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Following an incident where people collided on a corner in the corridor a mirror had been placed on the wall so people could see if anyone was coming. The accident and incident records were sent to the provider where they were also assessed for trends and patterns.

Although the registered manager had not needed to notify the Care Quality Commission of any significant events which had occurred, she was aware of their legal responsibilities.