Yourlife Management Services Limited

Your Life (Cheadle Hulme)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection took place on 31 October 2016 and was unannounced. At our last inspection in January 2014 we found the provider was meeting all the standards we looked at.

Your Life (Cheadle Hulme) is a domiciliary care service which is located within a large, private housing development, close to local amenities. People own their own apartments within the development, and also have access to communal areas such as a lounge, garden areas and a restaurant. Your Life (Cheadle Hulme) provides personal care to people within the development who need additional care and support, and at the time of our inspection there were 11 people using this part of the service. In addition the service provided some facilities management for the development, and their staff worked in the restaurant and provided cleaning services for the communal areas and in people's apartments.
There was a manager in post on the day of our inspection. They had started on the day we inspected and told us they planned to submit an application to become registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

Staff did not always have supervision meetings at the frequency identified in the provider's policy. This had already been identified by the area manager and was included in an action plan for the new manager. We recommended the provider take prompt action in this area. We saw staff were having an annual appraisal in line with the policy.

People said they felt safe using the service. The provider assessed and documented risks to people in a detailed way, and provided clear guidance to staff to show how care and support could be delivered safely. People were further protected because the provider ensured staff received training in safeguarding and understood their responsibilities to report any concerns.

Staff were recruited safely, with appropriate background checks to ensure people who were barred from working with vulnerable people were not employed. Staff were present in sufficient numbers to enable people's care and support to be provided in a timely manner.

Medicines were managed safely. There were checks in place to ensure medicines were given when needed, and the provider had begun checking staff competencies in this area.

Staff received a thorough induction including classroom training and a period shadowing more experienced staff. The provider ensured training was updated at regular intervals to help staff remain effective in their roles.

The provider had systems in place to ensure changes in people's capacity to make decisions were

appropriately reported to GPs or social workers to ensure they received the support they needed. Concerns about people's health were also reported promptly, and we saw the provider ensured people had access to healthcare professionals when this was needed.

People were able to have meals in a restaurant in the development. Although no one was at risk from poor nutrition, staff understood the importance of reporting any concerns about people's intake of food or drink to ensure their health was maintained.

Care plans were based on a detailed understanding of people's care and support needs, and we saw they were kept up to date through regular review. We saw the provider took action which showed they were responsive to changes in people's health.

There were policies and procedures in place to manage complaints, and people had access to copies of these in their care plans and on noticeboards. In addition there were well attended monthly residents meetings with the provider, and we saw evidence action was taken in response to issues raised.

People could access a number of social activities within the development, and there was information available to assist people maintain their social independence.

We found there was a high level of satisfaction with the service, and staff told us they were happy working for the provider. Staff had regular meetings and an annual satisfaction survey, meaning the provider worked to include their views in the running of the service.

There was a meaningful programme of audits in place to monitor the quality of the service and drive improvements where required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider ensured recruitment was safe. Background checks were undertaken to ensure newly recruited staff were not barred from working with vulnerable people. Staff were deployed in sufficient numbers.

People who used the service were protected from risks. Care plans contained detailed risk assessments and associated guidance for staff, and staff understood the principles of safeguarding.

Medicines were managed safely. There were plans in place to ensure staff competence was regularly checked and management undertook checks of records to ensure medicines were given when needed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff supervisions were not always carried out at the frequency identified in the provider's policy, although this had been recognised and an action plan was in place to address this. Staff received an annual appraisal.

The provider had appropriate systems in place to recognise and report any changes in people's capacity to make decisions.

People were supported to access health and social care professionals when necessary, and staff understood the importance of monitoring people's eating and drinking.

Is the service caring?

Good

The service was caring.

The provider had embedded respect for people's rights in their documentation and practices.

Care plans were highly individualised for each person, and

showed how person-centred care and support should be provided.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed and reflected in their care plans. People were involved in reviewing these to ensure they were up to date.

The provider had policies and procedures in place to ensure complaints and concerns were addressed appropriately.

People could attend monthly meetings with the provider to discuss the service.

Is the service well-led?

Good

The service was well-led.

People who used the service expressed a high level of satisfaction with it, staff told us they were happy and had good communication with the managers in the service.

Staff had regular opportunities to meet with the manager to discuss the service, and took part in an annual staff satisfaction survey.

There was a meaningful audit programme in place to drive quality in the service.

Your Life (Cheadle Hulme)

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.

Our inspection took place on 31 October 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed all the information we held about the service, and contacted the local authority and Healthwatch. Neither had any information of concern about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider completed a Provider Information Return (PIR) before the inspection. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of our planning for the inspection.

There were 11 people using the service on the day of the inspection. During the inspection we spoke with the manager, the area manager, assistant manager, two members of care staff and two people who used the service. In addition we looked at records relating to people's care and support and the general running of the service. These included four care plans and records of medicines administration, staff recruitment records, audit records and minutes of meetings.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe, both within the development itself and when receiving personal care and support from staff. We saw the communal areas of the building were well maintained and clean, and there were processes in place to ensure repairs were carried out when needed. Your Life (Cheadle Hulme) had records to show they maintained a safe environment, including regular servicing and testing of fire equipment.

Staff we spoke with had a good understanding of safeguarding and said they had received training in this area. Records we saw confirmed this. They told us how they would identify any signs of potential abuse, and their responsibility to report this to the manager, the area manager or external agencies, such as the CQC. Staff told us they were confident the management of the service would respond appropriately if they raised any concerns with them.

We looked in detail at four people's care plans, and saw these contained assessments of any risks associated either with people's care and support needs, medicines or those associated with the general environment. Assessments were detailed and there was clear guidance for staff to follow in order to minimise any risks. We saw any staff involved in providing support to each person had signed the risk assessments to show they had read and understood them.

We looked at the files of four members of staff and found recruitment practices were safe. The registered provider had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS) and two references were obtained before staff began work. The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people. This meant the service had taken steps to reduce the risk of employing unsuitable staff.

There were sufficient staff on duty. Staff told us they had time to attend calls at people's preferred times, and we saw the service agreements people signed made clear that times were flexible by 30 minutes to ensure people got the assistance they needed. A member of staff told us, "We get to people on time, if someone needs a bit more support, or there's an emergency or even if they just want to chat, we either let the next person know what's happening or we can still arrive on time." A person who used the service said, "Staff are available if I need them urgently."

When staff were not in attendance in people's apartments to provide personal care they also undertook domestic duties and served food in the restaurant. One member of staff told us, "Our calls are all clustered around set times, getting up and going to bed, mainly. When we're working in the restaurant or cleaning, the duty manager will respond to any calls for assistance. It works."

People we spoke with had no concerns about their medicines. One person said, "I never run out of tablets." Another person said their pain relief was well-managed. They told us, "I have started on pain patches, which they put on different arms on different days."

We looked at the medicines administration records (MARs) of four people. We saw these were signed by staff who had prompted people to take their medicines, and where there were gaps on MARs we saw the regular audit activity had identified this, and an action plan had been written and signed by the staff concerned. One member of staff told us, "Managers are always checking when we give people their medicines."

The assistant manager told us medication competency assessments had recently been introduced for staff. We saw one assessment had been completed in September 2016 by the assistant manager. The area manager told us the assessments were going to continue and become more frequent.

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with said they had received a thorough induction which had included training in a classroom setting and shadowing of more experienced staff. We saw the induction programme included personal and role specific objectives and we saw there was a scheduled timescale for completion of the induction. Staff also completed a workbook following the induction, which checked the learning, understanding and knowledge of the staff member. Areas of the workbook included, person-centred care, effective communication and equality and diversity. There was also an evaluation of the staff member's moving and handling skills. Following induction, staff also attended a six and 22 week review, which discussed their progress, training and development. Staff said they were asked if they were ready to care for people on their own at the end of the programme, and told us they felt there would have been a positive response if they had asked for additional training or shadowing opportunities.

We looked at the training records of four members of staff and saw they had received a good range of training including first aid, food safety, fire safety, infection control, safeguarding and equality and diversity. There was a plan in place to ensure training remained up to date to help staff remain effective in their roles. Staff we spoke with said they felt able to ask for additional training at any time and told us they thought the management of the service would arrange this for them.

Staff received support through a programme of supervision meetings and an annual appraisal. The Provider's policy stated, 'The manager must organise six supervision sessions for employees per year (one of which will be the individual annual appraisal)' and 'A programme of planned individual and group sessions will be arranged.' The policy did not state what proportion of supervisions should be either group or individual sessions. One staff file we looked at showed they had received four supervision sessions in 2016 and another staff file showed they had received one supervision session since they commenced employment in May 2016. Staff we spoke with said their supervisions were regular and told us they did not feel they were lacking in support. One member of staff told us, "I can pop into the office for a chat any time. I can discuss what I want when I want to." Staff said they had been introduced to the new manager on a visit prior to them taking over in the service, and were told they would all have one-to-one session with them when they had taken up their post.

The area manager told us they were aware that supervision was an area of priority improvement for the new manager. .

Staff confirmed they had received an annual appraisal where they could discuss any issues on a one to one basis. Records we saw confirmed this. One member of staff told us, "I had an appraisal, and we discussed how I was. They were 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 spoke with the assistant manager about how the service managed issues around people's capacity to make decisions. They told us people who used the service at the time of our inspection all had capacity, and we saw people signed documentation in their care plans, including consents for assistance with medication and the provision of personal care and support. The assistant manager told us where concerns were raised about someone's capacity to make decisions they would contact either the person's GP or social worker to request their assistance in making any assessments. We looked at a care plan of someone who had stopped using the service because they had needed to move into a residential care setting. We were able to see records of concerns about the person's changing capacity, and evidence of actions taken to ensure the person received the appropriate level of support.

Staff we spoke with told us if they had any concerns about people's ability to make decisions they would raise this with the manager without delay. They told us they were confident the management of the service would act appropriately.

People were supported to access health and social care professionals when needed. A person who used the service told us, "Doctors are always here to help people." A member of staff said, "I would go straight to the manager if someone's health is not good and they respond very well."
We saw from the one 'home owner individual feedback' record that they required a GP as they were unwell. The GP visited and stated they required further support from another health professional. We saw an appointment had been booked with the psychiatrist.

We saw people had the option of eating in a restaurant in the development. People we spoke with said they had choice, and could have food brought to their apartment from the restaurant if they wished. There were no people at nutritional risk at the time of our inspection; however, staff we spoke with understood the importance of acting if someone was at risk. A member of staff said, "I would report to the manager if someone was not eating well, I reported [name of person] had not eaten their lunch today." One person's care plan showed they had frequent urinary tract infections (UTI), and there was clear advice for staff to follow which showed the person had asked they be reminded to drink plenty of water on each visit as a preventative measure. In addition there was clear guidance to help staff identify if the person had developed a UTI and what to do to ensure they received prompt treatment for this.

Good

Is the service caring?

Our findings

Care plans we looked at were written in ways which demonstrated the provider's commitment to person-centred care. All sections were written in the first person, and were detailed in their presentation of people's preferences for the way care and support was provided. For example, in one person's care plan we saw information about how routine care could be provided in ways which enhanced the person's mood. In their medicines support plan we saw the provider had recorded, 'I have my medication with a glass of water. It would be nice if you sit and have a chat with me as this helps to pick up my low mood. I like to talk about my young days, these are fond memories.'

In another person's care plan we saw an assessment of their preferred methods of communication. It stated, 'I would like you to talk to me in clear English and not use slang words.'

We saw the provider offered people information in a variety of ways which showed a respect for people's rights. For example, each person's care plan contained a copy of the service user guide. The cover of this stated, 'Upon request this information can be provided in braille, large print, on audiotape, easy-to-read, or in a service user's language of choice.'

Care plans contained prompts to ensure the severity of any sensory impairment a person may have was documented in full. This meant staff had access to information which showed them how to provide appropriate support. For example, 'I wear glasses, but only for reading.' All sections of care plans contained prompts to ensure the information recorded was detailed and personalised.

People's routines and preferences were documented in ways which presented a rounded picture of the person, and showed these were taken into account when planning care. For example, the 'map of life' document was used to record what was important to each person in maintaining their preferred way of life, and presented as a diagram with the person's name in the centre. This emphasised the importance of the individual in the care plan. Phrases used in the document included, 'I like to have my wishes respected,' 'I like to dress smartly,' and 'I like to be listened to.' The provider had spent time with people to capture a large amount of information about people's lives, likes, dislikes and preferences. One person told us, "They sat with me to write the care plan and I have read through it. I have a copy in my apartment." People signed their care plans to show they had agreed the contents.

Staff spoke about people with fondness and knew people's preferred routines well. When we asked about people's preferences we found staff had a detailed knowledge of preferences people had expressed in their care plans. For example, one person had very detailed wishes about the storage of their medicines, including the exact location of the piece of crockery they liked the key to be kept in. One staff member we spoke with supported the person and could tell us exactly what the person's wishes were.

Staff were able to tell us about ways in which they ensured people's privacy and dignity were respected. One staff member said, "I always knock on people's doors and make sure people have a dressing gown on when helping with personal care." Only a small number of people living in the development received personal care

from the provider, however Your Life provided cleaning services for all apartments. This meant any calls could be discreet, as the presence of a member of staff in someone's apartment did not identify the person as needing additional support to live their lives.

Good

Is the service responsive?

Our findings

We found care plans were written to reflect people's individual detailed needs, and emphasized the importance of their preferences. There was a detailed initial assessment of people's needs and how they wished these to be met. This assessment had been used to write detailed care plans which were fully reviewed annually, and we saw evidence of people's involvement in this process.

In addition to the regular review of people's care and support needs, there was also a handover at each new shift, which was recorded so staff could keep a track of changes for individuals and where any significant events or developments were discussed. This meant staff always knew if there were any changes to the care and support provided, and the manager on duty could assess any reports and take further action if this was needed. For example, we saw reports on the day of our inspection that prompted the assistant manager to make a referral for a GP visit to assess someone who used the service due to observations reported by staff.

People told us they would feel confident telling the staff if they had any concerns and felt these would be taken seriously. Staff told us they encouraged people to speak up if they had any concerns and confirmed people were confident to do so. The service had a complaints procedure and this was on display in the entrance to the service and in people's care plans. At the time of our inspection there were no recent or live complaints in the files.

The provider had regular meetings with people who used the service and other residents in the development. There was a meeting on the day of our inspection and we saw this was well attended and involved a lively exchange of views on a variety of topics. People we spoke with told us the meetings were regular and a useful means of influencing the service. One person told us, "There is a resident meeting today and notes are taken. We get to vote if we need to make any changes." Another person said, "Once a month we have a get-together and say what we think."

We looked at the meeting minutes for September 2016 and saw discussion included fencing, and handrails to be replaced. We noted concerns had been raised regarding agency cover and the quality of the cleaning and these concerns had been addressed.

There was a social programme of events in the development, and people who used the service told us they regularly joined in with activities provided. One person told us, "We have trips to Blackpool and Southport, and there is a bingo night." We saw there was information on display advertising film nights, a planned trip to a pantomime and information relating to local events and services which people could access independently. This included bus and train timetables to enable people to plan their own social activities.

Good

Is the service well-led?

Our findings

There was a manager in post when we inspected. They had started that day, and told us they planned to register with the CQC in due course. The manager had support from an area manager and a team of duty managers.

People who used the service expressed a high level of satisfaction with it. One person told us, "I would recommend this to everybody. I have been so comfortable here, I am so delighted. We went everywhere looking and this was the one. I felt it was like home. I am very happy here."

We saw the home owner's survey showed the majority of people said they were satisfied or very satisfied with the service. We saw one response stated, 'This is the best, my wife and I could not get better anywhere'.

We received similarly good feedback from staff working in the service. They told us they were happy and received good support from the management team. One member of staff said, "You can talk to the management team and residents can talk to them." Another staff member told us, "I have really enjoyed working here. I really do like it and I am happy. The communication with managers is good."

We saw regular staff meetings took place, between the management team and the wider staff team. One member of staff told us, "We have staff meetings every month and you can say what you want, they do listen if you make suggestions." We saw the staff survey dated December 2015 showed mostly satisfied or very satisfied responses with the questions asked about the service. We saw one response included, 'Very happy with all, very good team'. A second response included, 'I enjoy my job and have a good relationship with home owners and staff'.

Records showed the service had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. We saw the number of accidents, incident and near misses were recorded on a monthly basis. The area manager told us the information was analysed by head office who looked at trends and any building related issues and this was fed back to the management team.

We saw the area manager completed a bi-monthly, meaningful audit in line with the Care Quality Commissions five domains of safe, effective, caring, responsive and well-led. We saw effective action plans had been created and a record of when actions had been completed was documented. The area manager also combined the bi-monthly audit and the results of the home owner's survey to obtain an overview of areas that might need further development.