

# Yourlife Management Services Limited

## YourLife (Southport)

### Inspection report

Brunlees Court  
Cambridge Road  
Southport  
Merseyside  
PR9 9DH

Tel: 01704535386

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27 September 2016

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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 took place on 27 September 2016 and was announced.

Yourlife (Southport) is registered to provide a small domiciliary care service to people living at Brunlees Court in Southport who require it. Brunlees court is a new housing complex consisting of luxury privately owned apartments, communal seating areas, gardens and private restaurant on site. At the time of our inspection, four people were receiving a domiciliary care service in their apartment's. This was the provider's first inspection.

There was a registered manager in post; they were not available on the day of our inspection.

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 told us they felt safe with the care staff.

The staff we spoke with were able to explain what action to take if they felt someone was being abused or neglected in anyway. There were policies in place for staff to refer to and staff were able to describe the policy.

Risks assessments were completed and regularly reviewed for each person to help mitigate the risk of harm and they contained an appropriate amount of detail.

There was enough staff in the complex to be able to attend to people's needs when required.

Medications were stored appropriately, in peoples own apartments. Most people had chosen to self-administer their medications, however the staff received training enabling them to complete this task safely if required to do so or people's needs changed.

Staff were recruited safely and checks were carried out on staff before they started work at the complex to ensure they were suitable to work with vulnerable people.

Staff completed an induction as well as other training courses selected by the provider to enable them to have the skills needed to complete their role.

The deputy manager and staff we spoke with were aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation.

There was a restaurant on site where people could chose to purchase and eat meals, or some people were supported to have meals in their apartment's.

People had access to medical professionals such as GP's, opticians and chiropracists when they needed them. Staff had recorded the outcomes of these visits in people's care plans.

People told us they liked the staff and felt they cared and respected them. We observed staff interacting in a kind a familiar way with people.

Care plans contained person centred information about the person, which evidenced that staff had clearly taken the time to get to know each person.

There was a complaints procedure in place, and people told us they would have no problem raising a complaint if they needed to. Complaints we viewed evidenced that they were dealt with in timely way, and in accordance with the provider's complaints policy.

The registered manager was not available on the day of our inspection, however the deputy manager and the area manager were available and we spent time talking to them.

People were complimentary about the management of the complex in general, and said they liked the deputy manager.

Quality assurance systems had been implemented and were being used to audit in areas such as care planning, health and safety, medication, incident and accidents, and training.

## 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 told us they felt safe and had their care delivered by staff who had been safely recruited and selected to do so.

Staff were able to describe the action they would take if they felt someone was being abused or mistreated in any way.

Arrangements were in place for the safe storage and administration of medication. Staff were trained to enable them to support people with their medication needs.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and training required to be able to be able to support people appropriately with their assessed needs.

The deputy manager and staff were able to demonstrate an understanding of The Mental Capacity Act 2005 and associated legislation.

There was a restaurant on site in the complex which people could access, and staff supported some people to make food and drink in their apartment's if they chose to.

### Is the service caring?

Good ●

The service was caring.

People said that the staff cared about them and were very obliging. We observed staff speak to people with respect.

Staff were able to describe how they promoted people's dignity and respected their privacy.

People told us they were routinely involved in decisions concerning their care and support.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained a level of personalisation which took into account people's likes, dislikes and background information.

People said they knew how to complain, and would have no hesitation complaining. We saw complaints had been addressed.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

The management team was well respected and people said they liked the managers.

Staff said they liked working at the complex, and would recommend the organisation as an employer to friends and family.

The organisation had gathered feedback from people and arranged regular meetings to take place to ensure people's options were discussed.

Quality assurance systems were well-organised and completed regularly to ensure any omissions were addressed.

# YourLife (Southport)

## **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 took place on 27 September and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that staff would be available to speak with us, and the registered manager or someone in charge would be available.

The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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 also looked at the statutory notifications and other intelligence which the Care Quality Commission had received about the home.

During the inspection, we spent time with five staff who worked at the service, including the deputy manager, and the area manager. We spoke with two people who used the service at length and spent some time with one of them in their apartment.

We looked at the care records for the four people using the service, four staff personnel files and records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People that we spoke with told us they felt safe in their homes knowing the staff were there if they needed them. One person said, "Well I never worry about them not coming, because I know they are always there." Someone else said, "I feel very safe."

Staff were able to describe the course of action they would take if they felt someone at the complex had been harmed or abused in anyway. Training records confirmed that staff had been trained in adult safeguarding, and team meeting minutes we saw confirmed that this topic was discussed. There was a safeguarding adult's policy in place which all of the staff were familiar with, which incorporated the local authorities safeguarding procedures as well as the providers.

Risks assessments were completed in way that maximised people's independence, and we saw that people had signed their risk assessments to show that they agreed with them. Risk was assessed prior to control measures being put in place and then reassessed after the control measures had been implemented. Each risk assessment included a full descriptive account of what the staff should do to help support that person.

There was a process in place to record and monitor incidents and accidents. Once the incident/accident had been documented by staff, they would send them to head office for a further investigation and analysis and any emerging patterns or trends would be fed back to the area manager who would cascade this to the deputy manager and the support staff.

We observed there were enough staff on duty to be able to meet people's required needs. Rotas showed that care was delivered by a consistent staff team, most of whom had been in post since the complex opened. People told us there was always enough staff to meet their needs and they knew who the staff were.

We looked at four staff personnel records including a staff file for a newly appointed member of staff. We saw the files had the appropriate evidence of safe recruitment, this included qualifications, references and Disclosure and Barring Service (DBS) checks. . DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

We spot checked a number of safety certificates for the communal areas of the complex, such as electric and PAT (portable appliance testing) and found they were in date. We saw that checks had been completed in each area within the previous 12 months. The home had a general evacuation plan in place and tests on emergency equipment were conducted and recorded regularly.

No one at the time of our inspection was receiving support with medication. One person told us "I can do that myself." We asked the deputy manager about the process in relation to medication. The deputy manager showed us examples of medicine training which had been completed by staff. There was a medication policy in the complex.

# Is the service effective?

## Our findings

We asked people if they felt the staff had the right skills to support them. One person said, "Oh yes, definitely." Another person said, "They are really good."

Staff were given regular formal supervision which was recorded on their file. The staff we spoke with confirmed that supervision took place every few weeks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The area manager explained the process they would follow if an application was required to safeguard someone in accordance with the principles of the MCA.

We checked to see how the service gained consent from people regarding their care and support. We saw this was recorded within the plan of care. For example, consent for records to be shared and consent to for staff to enter the person's apartment and provide the care was documented in people's care plans.

Training was provided for staff using a mixture of e learning and classroom based courses. We saw from looking at the training matrix and staff's training certificates that all staff had been trained, and refresher training had been scheduled for staff who required it. We asked the staff if they felt the training helped them within their roles. One staff member said, "Yes I like the training."

We asked about the induction of staff. Staff were inducted according to the 'The Care Certificate'. The Care Certificate is an identified set of standards which health and social care workers adhere to in relation to their job role. We also saw that the provider completed their own induction which covered health and safety, and policy and procedure.

Staff supported people with medical appointments. Most people attended these on their own or with family. Any advice from the medical professionals was recorded in people's care plans.

Each person had a kitchen in their apartment, however there was also a restaurant within the complex which people could choose to dine in. We saw the restaurant provided a four weekly menu and people could choose what they had to eat and drink. One of the people we spoke with ate regularly at the restaurant and gave us good feedback about the food. The restaurant was furnished to an exceptionally



high standard, and we saw staff were providing a dining service for people. We saw that staff had changed their uniform. We asked the deputy manager about this, and they explained that staff have three uniforms throughout the day. One for personal care tasks, one for domestic tasks, and another to serve food. This meant that there is minimal risk of any cross contamination occurring.

## Is the service caring?

### Our findings

Everyone we spoke with told us they thought that the staff were caring and approachable. One person said, "They are just excellent," and "Truly wonderful people." Someone else told us that the staff were, "Smashing." Someone else said, "They respect my home, and always leave my things where they find them."

Throughout the duration of our inspection, we heard and observed staff talking to people with kindness and respect. The staff were able to describe good examples of when they respected people's privacy and dignity. One staff member said, "It's always important to refer to the people here as 'Homeowners' they do not like the term 'service user'. We saw that policies and other documentation relating to the people living at the complex contained this terminology.

One staff member described why they felt it was important to provide personal care in discreet and respectful way. They said "I always cover the person up with towels or a blanket, and I talk to them. I think it's important that we protect the Homeowner's privacy as much as possible." Another member of staff said, "We always talk to Homeowners about personal things discreetly. Due to the size of the complex, it would be quite easy for someone else to overhear, so we are very discreet."

No one was accessing advocacy services at the time of our inspection, however we saw that the information was well displayed for people in the communal areas of the complex.

It was evident from looking at care plans that they had been completed with people's full involvement. People had signed their care plans in acknowledgment, and confirmed that care plans were often reviewed with their input. One person told us "Oh I am involved in all aspects of my care, they always ask me, and I know they update their records." This demonstrated that people had choice and control over their care package and how it was delivered.

We asked people about visitors, and were told people could visit whenever they wanted. Families were always welcome to join their relative for dinner in the restaurant, which often happened. Also the complex had a 'relative's suite' which could be booked out for a small fee. We were given an example of when one person who lived at the complex had family visiting from abroad; they booked to stay in the suite so they could spend more time with their relative.

## Is the service responsive?

### Our findings

Care plans evidenced that a person centred approach was adopted concerning care planning and supporting people. Person centred means that care is designed to meet the needs of the person and not to suit the needs of the service. People's care plans contained information including their likes, dislikes, backgrounds and preference's. One member of staff said, "We have so many unique people here, we have to be sure we treat people in a way they are happy with."

We saw that even though staff were required to complete certain tasks for people as part of their care needs, the care plans were written in a way which took the personal needs of the person into account. For example, one care plan we looked at gave specific direction for placing a pressure cushion in a certain way to ensure the person was comfortable. Another care plan contained information around what conversation topics the person might like to talk about.

People told us they were able to choose whether they were supported by a male carer or a female carer, however when we asked people they told they did not mind who supported them as they knew all of the staff team well.

We saw that the complaints procedure was clearly displayed on the notice boards in the communal areas of the complex. People that we spoke with told us they knew the procedure if they wanted to complain or raise an issue. We saw the complex had eight complaints which they had responded to appropriately. We saw that 'homeowner meetings' also gave people the opportunity to raise any concerns with management.

When we arrived at the complex we saw that some people were engaged in an armchair stretching activity. We saw a detailed weekly planner displayed on the notice board of weekly activities people could partake in if they wished. The deputy manager told us they had made some recent enquiries on behalf of people with regards to activities that could take place due to the darker night's drawing in. The deputy manager said, "It's easier for homeowners to go to their apartments if not much goes on, however, I think in order to ensure they are offered some inclusion its crucial we look at different things for them to be part of." This shows that the organisation is aware of the risk that people could become isolated, and are taking steps to avoid that happening.

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of our inspection; they were not available on the day of our inspection.

Everyone we spoke with, staff and people who used the service were complimentary about the deputy manager. One person said, "Such a lovely person." Someone else said, "They [deputy manager] are absolutely amazing."

Staff told us they enjoyed working at 'Yourlife (Southport)' and would recommend working for the organisation to others. One staff member said, "I just love my job here. It's a wonderful place to work." Someone else said, "I think it's great working here."

Team meetings were regular and were well organised on rotas so staff would be available to attend. The last team meeting was in September 2016. We were able to view the minutes of these meetings.

Meetings involving people who used the service took place every month; we were able to see minutes of these.

Monthly audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including accident reporting, moving and handling, and risk assessments. Where actions were identified, we saw evidence this was recorded and plans put in place to achieve any improvements required. We saw that one action had been recorded concerning care plan layout. The deputy manager informed us they were in the process of changing the layout of the care plans to become more 'organised.'

We asked about feedback regarding the service. We saw that the deputy manager had regular face-to-face conversations with the people who used the service. We also saw from looking at care plans that people were regularly asked to provide written feedback about the service, including their care plan content, staff treatment, and the environment.

The organisation had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them. Staff told us they would not hesitate to whistle blow if they needed to.

The area manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service