

Yourlife Management Services Limited

YourLife(Ponteland)

Inspection report

Henderson Court, North Road, Ponteland, Newcastle upon Tyne, NE20 9UH
Tel: 01661 872893
Website:

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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 

Overall summary

This inspection took place on 30 April and 5 May 2015 and was announced. We gave 48 hours' notice of this inspection because the service is a small domiciliary care agency and we needed to be sure the registered manager would be available to assist us with this inspection.

We last inspected this service in September 2013, at which time we found the service to be complying with the regulations inspected.

YourLife Ponteland provides care and support to eight older people who reside in their own apartments within an assisted living scheme.

The service had 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.

Staff were fully aware of their responsibility to protect people using the service from harm. They had been trained to recognise and report any suspicion of abuse. People's human rights were respected and we found no evidence of any discrimination.

Summary of findings

Risks to people receiving a service were assessed on a regular basis, and appropriate actions taken to minimise any risk identified. Systems were in place to monitor the safety of the environment. There were contingency plans for responding to emergencies, and a senior member of staff was always on call.

There were sufficient staff hours available to meet people's needs in a safe and timely way, and staff roles were flexible to allow this. Staff recruitment processes were robust, and ensured only suitable applicants were appointed to meet the needs of vulnerable people.

People who needed assistance with their prescribed medicines were provided with safe and appropriate support by staff.

The staff team was stable, experienced and well-motivated. People told us the staff met their needs promptly, pleasantly and effectively. There was a strong commitment to staff training, and staff took personal responsibility to increase their knowledge and skills.

Staff were given the necessary support, in terms of supervision and appraisal of their work. They told us they felt respected and valued by the registered manager and the provider, and took a pride in their work.

The service understood and protected people's rights under the Mental Capacity Act 2005.

People were asked to give their written and verbal consent to all staff interventions. People confirmed they knew they had the right to accept or refuse such staff actions, and told us staff treated them with respect at all times.

Any nutritional support needs a person might have were assessed and monitored appropriately.

People spoke highly of the caring nature of the service they received. They told us all the staff had pleasant, friendly attitudes and were always kind and attentive. They said their privacy and dignity were protected by the registered manager and staff, and they were helped to be as independent as possible.

People were fully involved in deciding what their care needs were, and how they wished those needs to be met by the staff. They told us their service was flexible and they could make their own decisions as to how they spent their time.

The registered manager provided clear and effective leadership to the service, and was liked and respected by both the people receiving a service and by the staff team. The culture in the service was open and responsive. People, their relatives and staff all said they felt they could express themselves freely and contribute to how the service operated.

Systems were in place to monitor the quality of the service, and these were effective in bringing about improvements to the organisation. Staff at all levels felt able to suggest ways in which the service could be developed. The registered manager received good effective support from the provider's representatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt protected by staff.

Staff had been trained to recognise and report any instances of potential or suspected abuse, and were fully aware of their responsibilities to protect people in their care.

Any potential risks to people in receiving a service were assessed and managed.

There were sufficient staff to meet people's needs at all times, and new staff were carefully checked before they started work in the service.

Good



Is the service effective?

The service was effective. People told us staff had the skills and knowledge they needed to meet their needs effectively.

Staff had been given the training necessary to meet people's needs and for their own professional development.

People were asked to give consent for their care, and their rights under the Mental Capacity Act were protected.

Good



Is the service caring?

The service was caring. People told us they felt the staff team was very caring, considerate and patient.

Staff demonstrated a genuinely caring approach to people and treated them with respect, courtesy and dignity.

People were given the necessary information to make choices and were encouraged to remain as independent as possible.

Good



Is the service responsive?

The service was responsive. People and their families were fully involved in deciding how their care needs were to be met by the staff.

People told us they received their care in the way they wanted, and that staff were flexible and responded to any requests.

The registered manager took any complaints or expressions of concern seriously. Complaints were resolved promptly, and to the satisfaction of the complainant.

People were supported to pursue their own interests, and had a range of social activities and social stimulation made available to them.

Good



Is the service well-led?

The service was well-led. The registered manager provided clear leadership and ensured there was an open and positive culture in the home.

Staff told us they felt the home was well-managed and said they were happy working in the home.

Good



Summary of findings

People using the service told us the management of the service was responsive and committed to high standards of care.

Effective systems were in place for checking the quality of the service.

YourLife(Ponteland)

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 30 April and 5 May 2015. The inspection was announced. We gave 48 hours' notice of this inspection because the service is a small domiciliary care agency and we needed to be sure the registered manager would be available to assist this inspection.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications sent by the provider about significant issues such as safeguarding, deaths and serious injuries. We contacted the local authority and Healthwatch to gain their experiences of the service.

During the inspection we talked with four people receiving a service and four relatives. We spoke with the registered manager, three duty managers and two care assistants. We 'pathway tracked' the care of four people, by looking at their care records and talking with them and staff about their care. We reviewed a sample of five people's care records; two staff personnel files; and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe and protected in the service. One person told us, “We are completely safe. We have confidence in the staff and can trust them.” A second person said, “I feel safe and secure here.”

The registered manager and other staff we spoke with were knowledgeable about the service’s policy on the safeguarding of vulnerable people. The policy was prominently displayed on the service’s notice board, as was the local authority safeguarding adults’ policy. The registered manager told us no safeguarding issues had arisen in the service in the previous two years. We confirmed this from our records. All staff had received training in how to recognise and respond appropriately to any suspicion of abuse. A duty manager told us, “We get training in safeguarding and whistle blowing every year.” The service did not offer a service for the safekeeping of people’s personal monies, and staff were not permitted to accept any cash gifts from people.

Staff told us they were alert to any signs of distress or of poor practice by colleagues. A duty manager told us, “If we saw any discrimination, abuse or financial irregularities, we would report it immediately to the manager. I have done this in the past - we all would.” Information on ‘whistle blowing’ (reporting bad practice) was displayed in the staff room and around the service.

The service had an ‘anti-discrimination’ policy in place. People told us they had never experienced any episodes of discrimination, and said they felt their rights were respected and protected.

Risk assessments were carried out to identify and manage any potential harm to people using the service. Areas assessed included health and safety; moving and handling; fire; environmental; pets; and the use of chemical cleaning products. The probability and seriousness of each risk was assessed; and appropriate steps were taken to minimise the risk of harm. For example, one person who was at risk of falls was encouraged to use a standing aid whilst dressing or undressing. Risks to staff, such as any tasks that posed a risk to a pregnant member of staff, were assessed and managed. Staff were provided with personal protective equipment such as disposable gloves and aprons for certain tasks.

All external doors and windows were alarmed at nights, and external lights were operated by movement sensors.

The service had contingency plans in place for responding to any emergency situations, including the need to evacuate the building at short notice. The registered manager or a duty manager was always on call.

All accidents (including those not resulting in injuries) and other significant incidents were recorded and analysed, to see if there were any patterns or trends. A small number (four) had been recorded in the previous twelve months.

People contracted privately with the service with regard to the number of hours of support they required. Although people receiving care and support packages did not have complex needs or require intensive support, the service was staffed effectively. During the day, the registered manager was assisted by a duty manager and four care assistants/domestics, which allowed for flexibility in responding to people’s needs at all times. A duty manager slept in the service overnight, and was on call. People told us they felt their needs were fully met with this level of staff support. Cover for staff sickness was normally provided from within the staff group, but there was provision for the use of agency staff, if necessary. A duty manager told us, “We have enough staff to provide people’s support safely, and to manage any risks to the person. For example, one person needs an escort to go to the bus stop, and we have the staff to do this.”

Recruitment records showed the required checks of an applicant’s suitability to work with vulnerable people were carried out. These included checks on any criminal record, proof of identity, full employment history and references from previous employers. A duty manager told us, “No one is allowed to start without the proper checks. New staff shadow experienced staff, and have competency checks carried out.”

People were encouraged to manage their medicines independently, if they were able to do so. If a person required support with their medicines, a risk assessment was carried out to establish the level of support required. Local chemists delivered people’s prescribed medicines to their apartments, along with a printed medicines administration record. This described the names, strength, doses, colour and size of each medicine, and was used by staff to check the delivered medicines against what had

Is the service safe?

been prescribed. Staff used the medicines administration record to record all medicines administered or refused. Senior staff conducted a weekly audit of these records to ensure they had been administered appropriately.

Is the service effective?

Our findings

People told us their needs were met effectively. One person told us, “The staff seem to have the skills and the knowledge. They always know what they are doing.” Another person said, “The staff are skilled. They know how to do the job. I’d give the service a five star rating.”

The registered manager told us, “We have a very good, strong team with a good range of qualifications.” We noted there was a good range of experience, with some staff holding nursing qualifications, and others with experience in senior roles in previous employment. Most staff members held National Vocational Qualifications (NVQ) in social care at levels two to four, and some staff were working towards NVQ level five.

New staff members received a structured induction to the service, which included the completion of an induction workbook. Areas covered included health and safety issues and both service- and role-specific issues. The performance of new staff was formally reviewed after six and 22 weeks.

Staff training was contracted out to a training company which assessed the needs of each staff member and provided the required training. A computerised system flagged up the dates when additional or ‘refresher’ training was necessary. The staff training matrix confirmed that all staff had undertaken all training required by legislation, including first aid, food hygiene, fire safety and manual handling. Training was also given to allow staff to meet the specific needs of individual people receiving a service, including diabetes and the use of lifting aids.

Staff told us they were encouraged to undertake training for their personal and professional development. A duty manager told us, “We all do any other training we want. We are supported to do over and above the basics. One staff member was trained in reflexology, massage and beauty therapy.” A second member of staff said they were doing a National Vocational Qualification (NVQ) in management, and told us, “We are all encouraged to progress.” The registered manager told us, “Staff are self-motivated and are prepared to do on-line training in their own time.” They told us of the provider’s ‘Rising Star’ programme, a scheme for the career development of staff members.

Supervision records showed each staff member received a minimum of six one-to-one and group supervision sessions

each year. In addition, an annual work performance appraisal was carried out for all staff. This included examining the worker’s competencies in areas such as customer-focussed work, team working, communication and decision-making. Training and development needs were clearly identified and targets set for the coming year. This meant staff had the opportunity to reflect on, and plan improvements, in their work.

All staff were trained in the implications of the Mental Capacity Act 2005. If there were any concerns as to the capacity of a person to make informed decisions about significant areas of their life, a formal assessment of their mental capacity would be undertaken. If a lack of capacity was confirmed, decisions would be made in the person’s best interests, in conjunction with their relatives, representatives and any involved professionals. Any formal ‘advance decisions’ made by the person were clearly documented in their care records. If a person had authorised another person to act on their behalf, for example granting ‘lasting power of attorney’, this was also documented. The registered manager told us it had not been necessary to undertake any mental capacity assessments in the previous year.

The service had a policy that allowed for the use of restraint only to prevent a person from causing harm to themselves or to others. The registered manager told us such interventions had never been needed, and there was no one whose behaviour caused any distress to themselves or others around them. They said they were aware of the availability of the local ‘challenging behaviour’ team and would make appropriate referrals if necessary.

People were asked to give their written consent to issues such as the sharing of their personal information with relevant professionals; accepting support with the administration of their medicines; access to their apartments in an emergency; and the use of bedrails for their safety. Staff told us they asked people for their agreement before any care intervention was carried out. One staff member said, “We always ask people, and we accept it if they refuse, we are very flexible to what they want.” People we spoke with confirmed this. One person told us, “My carer always asks for my consent before doing anything.”

People’s nutritional needs were assessed at the start of a service being given. Formal nutritional assessments were used where a need had been established. Any food

Is the service effective?

allergies or other special needs were recorded. One person needed support with their eating and drinking, and an appropriate care plan was in place to meet their needs. People receiving a service had the opportunity to take a three course lunch in the service's dining room each day.

People were given appropriate support with their health needs. The names and contact details of all involved health

professionals were recorded in their care record. Although staff were not involved in people's routine healthcare, they told us they were alert to any changes in a person's health or demeanour and responded to any emergencies. People and relatives we spoke with confirmed this.

Is the service caring?

Our findings

People told us they found the staff team to be very caring. One person told us, “We get very friendly care, it’s very good. We are treated with respect, and privacy and dignity are good.” A second person said, “All the staff have a nice manner. They are caring, and give excellent care. They listen to you.” Other comments received included, “They are very caring to relatives, as well”, and, “Staff do a wonderful job. They adapt to the individual and they see to our little idiosyncrasies.” One relative commented, “The girls are excellent, really nice, and never patronising. They are really caring.” A second relative told us, “The attitude of all staff is so nice.”

People described the staff approach as “extremely patient” and “always cheery, thoughtful and courteous”. They spoke of the staff’s “attention to detail” and of “subtle care that doesn’t discriminate or embarrass.” In talking with staff we noted their great respect for people using the service, and a genuinely caring and affectionate approach to their work.

The ‘service user guide’ issued to people re-assured them of their rights to freedom of choice; confidentiality; independence; respect from staff; information about the service and freedom to complain without discrimination. A policy on ‘religion and belief’ confirmed people’s right to freedom of religion and belief, and offered them support and facilities, where required, to practice their religion.

People were given written information about the services available, their rights and the complaints system in their contracts and in the ‘service user guide’, a copy of which was kept in each person’s apartment. Meetings were held every two to three months to enable people to discuss the service, ask questions of the registered manager and suggest ideas for the development of the service. Examples seen to have been implemented were the purchase of new

cutlery and the provision of a bench seat in the garden. The registered manager told us people using the service had recently decided to form their own committee, which would be facilitated by a senior member of staff.

People told us the staff monitored their well-being by means of daily ‘welfare checks’ and phone calls.

The service conformed to the Data Protection Act 1998. People were asked for their consent to use their personal data for the purposes of managing the service. Records were stored confidentially.

We saw privacy and dignity issues featured prominently in people’s care plans, with examples such as, “large towel to be placed over (person’s) shoulders and small towel over lap to ensure their dignity”, when helping a person wash or shower. People told us they were always treated with the utmost respect by their workers.

People told us staff encouraged them to continue being as independent as possible, and avoided doing unnecessary tasks for them. One person told us, “They don’t smother you; they let you do things for yourself, even if it takes a bit longer.” This approach was confirmed in people’s care records. We saw entries in care plans such as, “Encourage X to use their standing aid, rather than lean on the staff.” People’s abilities as well as their needs were recorded. Examples seen included, “Y is able wash and dry their front and lower body, but requires staff to wash/dry back, legs and feet” and, “Encourage Z to ring own hairdresser, family and professionals.”

Although we did not see independent advocacy services publicised on notice boards, the registered manager told us they would make suitable arrangements for such support, where required.

People were supported, if they so wished, to remain in their own apartments when coming to the end of life. Extra staff hours were arranged to give the necessary support, and the registered manager co-ordinated services with the person, their family members and involved professionals.

Is the service responsive?

Our findings

People told us the staff always responded well to their needs. One person told us, “They are always on the lookout for me. They come very quickly when I need them.” A second person said, “(The staff) do what they are asked to do, and they are open to changes. They always read the care plan, so they know what to do for me.” A third person said, “I get the same girl. She asks how I want my care done, and is very flexible, I can change my mind.” Another person commented, “Staff are always there when they are needed.” A relative told us, “They have always alerted us quickly about any illnesses. They spot when people are not well, and err on the side of caution, without being intrusive.” A second relative commented, “If anyone needs anything, the staff respond within seconds.”

Before any service was commenced, a full assessment was carried out of the person’s physical and mental health needs, medicines support, dietary requirements and social needs. The assessments included the wishes and preferences of the person, who was fully involved in the assessment process.

A detailed care plan was drawn up to meet people’s identified needs and preferences regarding their care. Care plans were person-centred and clearly specified the person’s capabilities as well as the staff interventions required to meet their needs. Any available specialist advice from health or social care professionals involved in the person’s care was included in the care plan. Care plans were evaluated regularly, and updated as necessary. We saw an example of one person’s care plan being updated four days after it commenced. Staff met with people to formally review their care package at least every three months, to ensure it remained relevant and to discuss any changes needed or requested. One staff member told us, “The care plans are very good. If you were new to the service, you could just follow the care plans and you would know what to do for people.” This person said staff were encouraged to suggest improvements to people’s care plans, in the light of their experiences and feedback from people using the service.

Although most people receiving a service were relatively independent and able to pursue their own social activities and interests, care plans demonstrated staff gave

encouragement and support to people where this was welcomed. For example, one person’s social care plan required staff to “support attendance at activities and classes”, and another person’s plan said, “See if any activities would appeal to X and inform them.” People were able to access communal lounges and the dining room, and could attend coffee mornings, talks, group activities and events such as a recent ‘Burns’ night’. People could also access the internet using a computer in the lounge.

Choice was apparent in all aspects of the service. People were supported to make all their own daily activities decisions and were able to go out independently and access local shops and other facilities. They were able to ask for alternatives to the normal range of choices on the lunch menus. Care plans reflected a commitment to a flexible service that allowed people to change their personal care requirements from day to day. Care plans included questions such as, “How do you want us to help you today?” People were also enabled to maintain choice in how much personal information they wished to share with the service. For example, one person had declined to give any detail of their physical health history, and this was respected without question.

The service had a clear complaints policy and procedure, which was included in the ‘service user guide’ and was made available on notice boards. Complaints forms were available to people and visitors in the lounges. A record was kept of complaints received. This showed that when complaints were received, they had been recorded in detail, investigated promptly, and responded to appropriately and to the satisfaction of the complainant. We noted no complaints had needed to be logged in the previous two years. The registered manager confirmed this and told us, “I have an open door. If anyone has any concerns at all, I sit down with them and talk to them. We resolve issues informally.” People we spoke with confirmed this. One person told us, “I have no complaints. I would tell (the registered manager), and they would listen.” Another person commented, “I feel I could raise issues, and I would be comfortable telling (the registered manager), who I know would respond and put it right.” A third person said, “I know how to complain, but I’ve never needed to. I know they would respond well, and there would be no repercussions.”

Is the service well-led?

Our findings

People told us they felt their service was very well managed. One person told us, “I would recommend (the registered manager); they are well-organised and manage things well.” A second person said, “We have an excellent manager, whom I would trust with my life. They are nicely organised, but not bossy. They strike a good balance.” Other comments from people included, “Firm but fair leadership” and, “(The registered manager) is very popular. Puts things right in a nice way, and has the knack of leadership.”

A relative told us, “(The registered manager) is a fantastic manager, friendly but respectful, and leads by example.” A second relative told us, “The service is brilliantly led.”

The aims and objectives of the service were described in the ‘service user guide’ as being “to promote people’s privacy, dignity and human rights; to respect people’s individuality; and to ensure people enjoy the highest possible quality of life.” The registered manager told us, “The company has the best interests of people at heart.”

There was a clear culture of mutual respect between those receiving a service and the staff team providing the service. A relative said, “Staff inter-relationships are good. You don’t see any backstabbing or moaning.” Staff members told us they enjoyed working at the service. One told us, “I’m very happy here. It’s fantastic, we have a nice team, there’s good team work, and the little things get done.” A second staff member said, “It’s a bit like a family. We work well together, and (the registered manager) gets the best out of the team.”

Staff spoke very highly of the registered manager. They spoke of the registered manager’s “lovely manner” and said they were “very approachable”. A care assistant said, “We are well-managed. We have a good manager who is very supportive, and who goes the ‘extra mile’ for everyone.”

A duty manager told us, “(The registered manager) does an amazing job and is a brilliant manager, very caring and understanding. If there are any issues, they are straight onto it. If it needs doing, it gets done.” Staff told us they were encouraged to question their own and others practice, and said the registered manager welcomed feedback and was open to criticism, if necessary.

Staff told us there was an atmosphere of openness and trust in the service. They said they felt respected, valued

and listened to by the registered manager, and said they were actively encouraged to be involved in all aspects of the day to day decisions about the service and its development. They told us the registered manager had high expectations of the staff, but always gave praise for their positive achievements. Staff also told us the registered manager was a good delegator, and “plays to people’s strengths.” They said this enabled them to get wider experience, often beyond their contracted roles, in areas such as staff rostering, menu planning, administration and IT skills.

We were told communications between the registered manager and staff were good. Staff meetings were held every two months, giving the registered manager and staff regular opportunities to raise and discuss issues, suggest improvements and share good practice. These meetings were recorded and minutes shared with any staff members unable to attend the meeting. The registered manager told us they would pass on any significant or sensitive information to individual staff members between staff meetings.

The service was well-organised. Policies were clear, and set down the purpose of the policy, the principles behind it, the specific procedures for staff to follow, and the training needs required to implement it properly. Policies were also mapped against the Care Quality Commission guidance on how to ensure legal requirements were met. These were in the process of being updated to reflect current advice.

A range of systems were in place to enable the service to monitor the quality of the service offered. These included the registered manager’s monthly report to the provider on areas such as care issues; health and safety; staffing; maintenance and complaints. Any deficits identified were met with an action plan. Recent examples included areas of redecoration, improvements to the gardens and the replacement of the sluice facility. The service’s regional manager carried out additional audits every two months. These looked at areas such as safeguarding; personal care; management issues and a satisfaction survey of people using the service. An annual summary and development plan was drawn up. The most recent plan showed significant improvements to the quality of the service over the previous year, with uniformly high scores in all areas audited.

Is the service well-led?

Records in the service were well maintained. They were clear, accessible, professional, up to date and stored securely.

The registered manager told us they were well supported by the provider. They told us, “It is a very good company to work for. I get very good support from my line manager, the

operations manager and the board of directors. I can ring at any time and get immediate support.” Other staff confirmed the provider’s representatives visited the service regularly, and were open, approachable and responsive. One staff member told us, “They are very down to earth.”