

Yourlife Management Services Limited

Weighbridge Court

Inspection report

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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

Weighbridge Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

At the time of our inspection, seven people were being offered personal care. People lived in their own apartments and were referred to as 'Home owners' by the provider. The complex has a communal lounge, a restaurant and gardens, which are for use by all homeowners.

This inspection was carried out on 28 September 2018 and was announced. At their last inspection on 25 February 2016, we found one area that required improvement. The service was not always well led as staff did not always feel valued and supported by the organisation. At this inspection we found they now met all the standards.

The service had a registered manager in place. 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.

Everyone including staff spoke highly of the registered manager, the management team and the organisation and said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

Staff we spoke with told us they were aware of the potential types of abuse people were at risk of and the action to take to report and protect people from the risk of further abuse. Staff were recruited safely and there were enough staff to ensure all care visits were made, with staff staying the required length of time and completing required tasks. Where people needed help with their medicines care staff recorded when these were needed and administered.

Staff received appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and received formal supervision where they could discuss their ongoing development needs. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who used the service and family members were complimentary about the standard of care they received from the service. Activities were available for people who used the service based on their likes and interests and to help meet their social needs. Staff treated people with dignity and respect.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service was well-led.

Staff were positive about the registered manager and the support they received from the organisation.

Staff were motivated to provide good quality care.

The service completed a range of audits which allowed effective monitoring of quality and safety.

Weighbridge 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 checked 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 the 28 September and was announced.

The registered manager was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One adult social care inspector carried out the inspection.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with information we held about the service, such as notifications. A notification is information about important events which the service is required to tell us about by law.

During the inspection we visited people in their own homes. This was to find out what experiences people had living at Weighbridge Court.

We spoke with two people who lived at the service and two relatives. During our visit we spoke with the registered manager, the regional manager, the duty manager and two care staff. We looked at three people's care records and associated medicine records, four staff files, staff training records and reviewed other records related to the management of the service.

Is the service safe?

Our findings

The service remained safe. Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. Staff had access to the service's safeguarding and whistle-blowing procedures which meant staff understood and followed the correct processes to keep people safe.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for mobility were in place and provided guidance for staff to enable them to support people safely. The registered manager was a manual handling trainer which meant they could deliver practical sessions for staff specific to the person they were supporting. Additional risk assessments were also in place when a risk was identified relating to individual need. For example, a risk assessment was in place for a person that chose to smoke in their own home.

The provider followed safe recruitment procedures to ensure only staff suitable to work in the caring profession were employed. This included obtaining at least two references and a Disclosure and Barring Service (DBS) check prior to employment. A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

There were enough staff deployed to care for people safely and ensure all calls were covered. People who used the service told us staff came when they were supposed to and completed all care tasks. One person said, "They are very reliable and I mainly have the same two girls for my evening call." Another person said, "I have all I need, although I am aware there are sometimes staff shortages, I think having more staff could ease the pressure but it has not affected me." The registered manager told us they were actively recruiting at present and senior staff would cover if required. They said, "We have not needed to use agency staff to cover care calls, we sometimes use them to cover domestic tasks which leaves us our own staff for care."

People received their medicines as prescribed. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Records showed staff administered medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why. Staff records showed staff had received training and had competence checks for administering medicines. A staff member said, "The medicine training was good, I did the training and sat a test. We were observed before we administered medicines alone. The manager and duty manager are around if we need support. I have had to ask for support and they are there to talk us through any concerns."

The registered manager had arrangements in place to manage and monitor infection control practices. Personal protective equipment such as gloves and aprons were available for staff to use as required. Accidents and incidents were recorded and managed appropriately with detailed investigations undertaken along with learning to prevent reoccurrence.

Is the service effective?

Our findings

The service remained effective. The registered manager met with people, and when appropriate their relatives, before they started providing a service to them. Staff were kept up to date about the needs of the people they supported. Care records were accessible for staff to read and update as necessary and staff were informed of any changes to people's needs at the start of every shift. One staff member said, "We sit with the registered manager if we have been away and they update us. We are very familiar with people and have good relationships, we have time to have a nice chat."

The providers information return (PIR) recorded, "Staff are required to attend the equality and diversity training to ensure that they follow the principles of current legislation and company policies and procedures. By following the principles of equality and diversity legislation, we are able to ensure that every homeowner that we provide a service for receives a comprehensive assessment taking into account their individual needs and that they are treated equally and without discrimination. These assessments take place regardless of the homeowners age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership or any other grounds that could result in them being discriminated against purely due to these grounds."

There was an induction and annual mandatory training provided for staff. The induction and training had recently changed to e learning. The registered staff told us that new staff were immediately registered to undertake a national qualification and were supported to work towards this. New staff were also required to shadow experienced staff to increase their knowledge of the people who lived at the service. There was also access to more specialist training to meet people's individual needs such as dementia awareness and Parkinson's disease sessions. One staff member said, "Training is good and I am currently doing my diploma in social care, it is quite hectic but enjoyable."

Staff told us they felt well supported and received regular supervisions and yearly appraisals. One staff member said, "I am 100% supported by managers, I work a lot of days with [named registered manager]. If I need help they will help, and they help when we need it." Another staff member told us, "The registered manager and the regional manager listen and support me, and they take action when needed."

People had their own apartments and the scheme also had a restaurant and dining area people could use if they wished. The meals were cooked on the premises by a separate catering company and people could choose from a varied menu. The registered manager liaised with the company and followed up any concerns raised by people. During our inspection we observed the lunch service in the dining room and saw the atmosphere was busy and sociable with people sitting and chatting while their meal was served. We also noted staff were available to support people if required. People's eating and drinking support needs were assessed and their care plans contained guidance for staff to meet any identified needs. For instance, one person was at risk of losing weight and information was included to support staff to minimise this risk.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. We found people were asked to sign their care records to document they consented to their care and support.

People's care records were very clear about their ability to make decisions related to their care and support. The duty manager was very experienced and knowledgeable in this area which meant staff had someone to refer to if they were unsure about a person's ability to make decisions. A staff member said, "One person we support decides what they want to wear or eat. If they were not certain I would pull out certain things I know they like and show these so they have some options."

People had access to appropriate health care services to maintain their physical and emotional health and care plans confirmed this. The registered manager told us they had good relationships with GP's, district nurses and other healthcare professionals. The PIR recorded, "We work with district nurses, community matrons, physiotherapists and occupational therapists to ensure that our homeowners receive the correct support for their needs. The duty managers and myself also liaise with GP's and hospital services to ensure that the homeowners medical care needs are met and that any transition to and from hospital is as smooth as it can be. Assessments of need can be carried out in hospital if required to ensure homeowners care and support is fully in place at the point of returning to their home."

Is the service caring?

Our findings

The service remained caring. People told us staff continued to be caring and treated them with kindness. One person told us, "I am very happy here, it took me a while to get used to it but it now suits me well. The staff are so kind." Another person said, "Staff are wonderful and most helpful and all very kind." A relative said, "The staff are very good."

Regular staff knew people well and people knew the staff. We observed staff interacting with the people they supported in the communal dining room. Staff appeared to have a very good relationship with people and knew them all by name. One person said, "They know me individually and take an interest in me and my family." A staff member said, "I like to engage with people and talk about their hobbies, one person worked on the railways and loves to talk about this."

People's care records were person centred and detailed and contained sufficient information to help staff understand individual preferences. For example, one person's care record said, "I am proud and private and like to do things for myself, I like to stay in apartment but will come down for lunch." The care plan also recorded information about the person's hobbies and interests and what they would like to attend at the scheme.

People told us they could choose to use the communal lounge or remain in their own apartments. Most people told us they used the lounge as and when they wanted to socialise with other people or attend events. On the day of our visit, a relative had organised a Macmillan tea party which was very well attended.

Systems were in place to support people to express their views and be actively involved in making decisions about their care and support. People confirmed they were always included in discussions about their care and support. One person told us, "I have read the care plan and the notes they write are fine."

People we spoke with told us they believed their privacy and dignity to be respected by all the staff. People told us staff knocked before entering their property and during the inspection the registered manager knocked and asked people if they wanted to talk to us first. One person told us, "They are very respectful of my privacy and dignity, [named staff member] gives me a lovely shower." One person told us how encouraging staff had been to support them to regain their mobility. They said, "They praise me and are so pleased for me, and they are there to support me, I am very pleased I am more independent now."

We found the registered manager held regular meetings with people and sent out a random selection of surveys every three months. The registered manager told us they read all the information and would respond to people if a concern or comment was raised within the survey. Unfortunately, these responses were not always recorded, the registered manager told us they would now record their responses.

Is the service responsive?

Our findings

The service remained responsive. People continued to have their care needs met in a personalised way and care plans were subject to regular review. Each person had a care plan that was personalised to meet their individual needs. Care plans were detailed and made clear people's personal preferences, their likes and dislikes and guided staff on how best to support them. For example, we noted that guidance was recorded giving staff more information about people's health conditions and how it might impact on their day to day lives. People we spoke with told us their individual needs and preferences were met and that staff were very responsive. One relative told us, "There has been occasional issue with continuity but on the whole they generally try hard with this."

Staff knew people and their support needs well. They told us they knew people's allocated times and what support people requested. One staff member said, "One person wants an 08.00 and we deliver this. They like an early call." The registered manager had introduced a monthly social activity programme for all homeowners and actively encouraged people who might be at risk of social isolation.

People and relatives told us they were satisfied overall with the service. One person told us, "Overall I am happy with the service, they are all caring and understanding." A relative said, "Very happy with the service, even if staff are stretched they always find time to talk to us."

We looked at how complaints were managed in the service. The provider had a policy and procedure in place which provided clear information for people about how to complain, which was issued to people when they first moved into the complex. No formal complaints had been made to the service.

Although no person was in receipt of end of life care at the time of the inspection, the registered manager told us they would liaise with the district nurse service and the person's GP in the event they required palliative care. We saw a recent compliment where a family had been grateful for the support provided when their loved one had passed away. Although care plans contained some information about people's preferences at the end of their life the registered manager agreed that more information could be useful and said they would start to have these conversations with people.

Is the service well-led?

Our findings

At our previous inspection in February 2016 the service was not always well led as staff did not always feel valued and supported by the organisation. At this inspection we found improvements had been made.

Staff we spoke with felt supported by the management team. Staff were regularly consulted and kept up to date with information about the service and the provider. One staff member told us, "Lovely place to work. The team works together really well, the registered manager is open and approachable and very encouraging." Another staff member said, "I think it is a good company to work for, the area manager is really good and takes time to talk with us, they are here supporting us. They always ask us if we need to talk to them."

The registered manager spent time working alongside the care staff and duty managers and took their responsibilities in supporting staff seriously. The registered manager had developed processes to ensure staff were supervised, training organised and rotas developed to meet the needs of the service..

The registered manager said, "I absolutely love it here, the home owners have made me feel welcome. I try support them with the correct services and they appreciate some people require more support." They added, "I have an open-door policy and engage with home owners at the monthly meeting."

Quality assurance processes were completed regularly to make sure people received a good service which met their needs. The registered manager and area manager carried out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Where shortfalls were identified, timely action was taken to address them. Staff were observed in their work practice in 'spot checks'. These were to check staff were working to the required standards.

People and their relatives were confident in the way the overall service was run and managed and told us they had provided their views about their care. People had also provided feedback and suggestions for the service at meetings and these had been taken forward by the provider. Overall the responses were positive regarding people's care. We noted in some meetings key decisions were being made by homeowners to ensure they received the service they wanted. For example, a recent change had been made regarding the catering service due to feedback from people living at the scheme. A relative said, "It is a very professional service and very well managed, much improved."

The registered manager engaged with community services and invited them in to talk to homeowners. The community hearing service and the community falls team had all recently visited the service. The registered manager knew which incidents needed to be reported to CQC and kept themselves up to date on any changes to regulations. The management team worked with healthcare professionals such as district nurses, the local GP surgeries and pharmacies to ensure people had additional support to meet their needs which enhanced their wellbeing.