

Yourlife Management Services Limited

YourLife(Ponteland)

Inspection report

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Tel: 01661872893

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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

YourLife (Ponteland) provides personal care within an assisted living scheme for older people aged 70 or over. The complex comprises 59 owner occupied apartments. They are for single person or double occupancy. At the time of the inspection there were 12 people in receipt of a care service.

At the last inspection in April 2015 we had rated the service as Good. At this inspection we found the service remained Good and met each of the fundamental standards we inspected.

People told us they felt safe and were well cared for. 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 knew about safeguarding vulnerable adults procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were also safe. Appropriate processes were in place for the administration of medicines.

People told us their privacy, dignity and confidentiality were maintained. Staff understood the needs of people and care plans and associated documentation were clear and person centred. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People told us staff were kind and caring and they felt comfortable with all the staff who supported them

Appropriate training was provided and staff were supervised and supported. People were able to make choices about aspects of their daily lives. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People and staff spoke well of the registered manager and they said the service had good leadership. There were effective systems to enable people to raise complaints, and to assess and monitor the quality of the service. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on the quality of care provided. These methods included feedback from people receiving care.

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?

The service remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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 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 comprehensive inspection took place on 27 July 2017 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

During the inspection we spoke with 11 people who lived at Yourlife (Ponteland), a registered manager from one of the provider's other services, two duty managers including the night duty manager and two support staff. We reviewed a range of records about people's care and how the service was managed. We looked at care records for four people, recruitment, training and induction records for five staff, one person's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits the registered manager had completed. We carried out general observations around the service.

Is the service safe?

Our findings

Everyone we spoke with said that they felt very safe in the hands of Yourlife (Ponteland) and the staff who supported them. One person said, "I feel safe here." Another person commented, "I do feel safe here, night staff are on duty." A third person told us, "We have fire drills and the fire alarms are tested every Wednesday." Other comments included, "The smoke detector went off when I was cooking sausages and staff ran down to my apartment", "I wear a pendant which I can use to alert staff in an emergency" and "Staff will come straight away if you call them."

People contracted privately with the service with regard to the number of hours of support they required. At the time of inspection people's needs were not complex and call times were predominantly 15 minute calls. We considered there were sufficient staff to meet people's needs. During the inspection staff were not rushed and responded promptly and patiently to people's requests. There were 12 people who were supported by staff. Staffing rosters and observations showed during the day they were supported by four staff members including the duty manager. One staff member told us, "We're a flexible team." Overnight a duty manager slept in the service and was on call.

Staff were clear about the procedures they would follow should they suspect abuse. They were able to explain the steps they would take to report such concerns if they arose. They expressed confidence that the management team would respond to and address any concerns appropriately. One staff member said, "I'd report any concerns to the duty manager."

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, from falls or the risk of choking. Where an accident or incident did take place these were reviewed by the registered manager or another senior staff member to ensure that any learning was carried forward.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. An up-to-date fire risk assessment was in place for the building.

Medicines were given as prescribed. People received their medicines when they needed them and they were supported to manage these themselves. Staff had completed medicines training and the visiting registered manager told us competency checks were carried out. Staff had access to policies and procedures to guide their practice.

Medicines were obtained on an individual basis, with some people managing these by themselves, or with the support of their relatives. The registered manager also undertook periodic audits, and any shortfalls were identified and suitable actions put in place. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. People we spoke with praised the staff team. One person told us, "Staff seem well-trained."

Staff were trained in a way to help them meet people's needs effectively. New staff had undergone an induction programme when they started work with the service. Staff undertook the Skills for Care, Care Certificate to further increase their skills and knowledge in how to support people with their care needs. (The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.) New staff shadowed more experienced workers for two days or until they were confident in their role.

Staff made positive comments about their team working approach, the support they received and training attended. Comments included, "There's a designated dementia care trainer in the company," "There are opportunities for training" and "We're a good staff team, we work well together."

Staff told us, and records confirmed, they attended training relevant to their role, people's needs and safety. All staff were expected to attend key training at clearly defined intervals. Areas covered included health and safety and care related topics, including dementia awareness elements. The visiting registered manager told us, "All duty managers take part in dementia experience training and this is planned for all staff, to give them more understanding and patience in their care."

Staff told us they were supported by their line supervisor. The management team held regular supervision sessions with each staff member. This meant staff could discuss their professional development and any issues relating to the care of the people who lived there. One staff member told us, "I do feel supported." Another staff member told us, "I have supervision every two to three months. All staff members also had an annual appraisal of their performance with the registered manager."

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 checked whether the service was working within the principles of the MCA. YourLife (Ponteland) was meeting the requirements of the Act. We discussed the requirements of the MCA with the person in charge at the time of inspection. They were aware of their responsibilities regarding this legislation. Staff had received relevant training and were clear about the principles of the MCA and the actions to be taken where people lacked capacity. We were told information would be available where a person had a deputy appointed by the Court of Protection in circumstances where this might apply. This would be so staff were aware of the relevant people to consult about decisions affecting people's care.

People had signed their care plans to indicate their consent to, and agreement with, planned care interventions. Staff were clear about the need to seek consent and to maintain people's independence. People told us care provided was tailored to their needs and preferences.

Most people made their own arrangements for their nutrition. The housing scheme had a restaurant with a waitress service, which many people used for their lunch each day. A three course lunch was available and people had the option to order supper to eat in their apartment. People spoke positively about the provision of meals at the service. Comments included, "We had a hospital appointment over the lunch time, so we ordered a supper, which can be collected after 3pm, to eat when we returned," "The food is super," "The menus have improved" and "I can do my own breakfast." Where people needed help with food preparation or more significant support with eating and drinking, this was clearly detailed in their care plan. Related risks, for example with dysphagia (swallowing difficulties) were clearly documented, so staff were clear about the risk and what steps were needed to minimise them.

People managed their own medical appointments. Staff were not involved in people's routine healthcare, but they told us they were alert to any changes in a person's health or demeanour and responded to any emergencies. One person said, "When I was unwell, staff helped my husband get the medics." One staff member told us, "We can monitor people when they come to the dining room. We can observe if they seem unwell or are not eating their meal." Records showed that people were registered with a GP and received care and support from other professionals, such as the speech and language therapist and medical consultants. People's healthcare needs were considered within the care planning process.

Is the service caring?

Our findings

People using the service, without exception, told us, they were treated with kindness and compassion. People were observed to be relaxed and comfortable and they expressed satisfaction with the service. One person told us, "The staff are exemplary carers. If they say they are going to do something they do it." Another person said, "Last week was the first time I thought of the place as my home and I live in beautiful surroundings." A third person commented, "I'm not quite at that stage yet, thinking of it as my home." Other peoples' comments included, "Staff are very supportive, very caring and approachable", "Staff are very helpful and caring", "Staff are accommodating and helpful", "I can't fault the staff", "It's an excellent service, staff are very well liked" and "The girls are respectful and you can have a laugh."

We saw staff interacted with people in a kind, pleasant and friendly manner. Staff understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions. Care plans were written in a person centred way, outlining for the staff how to provide individually tailored care and support. The language used within people's care records was informative and respectful.

When the care package started, people were introduced to the care workers who would be visiting them. When new care workers were employed they visited the people they would be supporting whilst still on their induction alongside the person's current support worker so that people got to know the replacement care worker.

People received information about the service when they started to use it. This provided them with information about the provider, including who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service and informed us they were involved in reviews of their care. They told us they were supported to express their views and to be involved in making decisions about their care and support. Everyone that we spoke with referred to the registered manager by name and confirmed that they maintained regular contact with them and involved them in decisions about their care. Support staff were able to explain how they supported people to express their views and to make decisions about their day to day care.

People said their privacy and dignity were respected. One person told us, "Staff are discreet." Staff received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people's own apartments. We heard people being greeted politely. One staff member told us, "People are addressed in public areas by their full title and if people want us to use first names, we'll do that in the privacy of their apartment." Staff were observed to be consistently attentive, friendly and respectful in their approach. People told us their apartment was respected as it was their own home. We observed front doors had door bells, which staff used and they did not enter the apartment without people's permission.

Is the service responsive?

Our findings

People told us they would be comfortable raising any concerns or complaints and expressed confidence they would be dealt with. People said they would either speak directly to the registered manager or to senior staff. A copy of the complaints procedure was clearly available in the service and information was given to each person about how they could complain. The service viewed concerns and complaints as part of driving improvement. Complaints records showed the service had received one complaint, action had been taken in response to the concern. One person told us, "The registered manager is very approachable." Another person said, "We have a very vocal committee if we want to bring any issues to the registered manager's attention." A third person commented, "The care is very good, I've no complaints."

People lived independently in their own apartments and could commission services from Yourlife (Ponteland) in the event of emergency and if they required some care and support. Before they started using the service their support needs were assessed in a number of areas, including medicines management, personal care, communication and nutrition. Where a support need was identified, a personalised care plan was put in place based on how people wanted to be assisted. These could include support with medicines or personal care such as a 'bath call' or other care requirements as people became more dependent. The visiting registered manager told us, "The contract includes a 'service clean' in a person's apartment each week and this is good to monitor people's health and well-being." People told us they felt involved and consulted by staff in how their care was developed and then delivered.

Care plans were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Examples in care records included, "I like classical music and jazz. I used to go sailing" and "I used to play golf. I still enjoy card games." Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People's care records were kept under review. Regular evaluations were undertaken by staff and care plans were updated following any change in a person's needs. Formal reviews of people's care planning took place.

There was a lively atmosphere in the service and a camaraderie was observed amongst the people. People mostly spent time in their apartments and they met up in communal areas before lunch or for pre-arranged events. People used the restaurant as a place to meet and socialise. We observed after lunch people retired to the lounge for coffee and to continue socialising until they returned to their apartments or went about their daily lives. Staff and people told us events took place at the service organised by people living at Yourlife (Ponteland). The notice board advertised a physiotherapy exercise class, film club, scrabble club and whist, bridge and cribbage card games were also available. The service had a cinema room, library and hairdresser. The complex was surrounded by well-maintained and landscaped gardens with seating areas which people told us they enjoyed.

People were encouraged to be involved in the running of the service. Homeowners meetings were held on a regular basis. One person told us, "We have meetings every two months." Meeting minutes were available for people unable to attend meetings. We saw a comments book was available outside the restaurant for

people to give feedback about the food after each meal. We were told it was checked daily and action taken as the result of peoples' comments.

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission in 2014. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.

The visiting registered manager and duty manager assisted us with the inspection as the registered manager was not available. Records we requested were produced promptly and we were able to access the care records we required. The visiting registered manager was able to tell us about the provider's ethos and share their priorities for the future of the services run by the provider. They were also open to working with us in a co-operative and transparent way.

People we spoke with and staff expressed confidence with the way the service was led and praised the registered manager. They told us the registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. They were positive about their management and had respect for them. They said they could speak to the registered manager, or would speak to a member of staff if they had any issues or concerns. Staff and people said the registered manager was supportive and accessible to them. One person told us, "The registered manager is very approachable and accessible." Another person said, "[Name], the registered manager is very supportive and caring." A staff member commented, "I love it here. It makes a difference coming to work."

The registered manager was supported by a management team that was experienced, knowledgeable and familiar with the needs of the people the service supported. They were supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the service. Regular meetings were held where the management were appraised of and discussed the operation and development of the service.

Staff meetings took place and minutes of meetings were available for staff who were unable to attend. Staff meetings took place to ensure the service was well-led and communication was effective.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of daily, weekly, monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints,

personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The visiting registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service and staff. Quality assurance questionnaires were issued to people by the service and also the property developers, McCarthy and Stone, who had designed and built the apartments and complex. People's care reviews were also a means to collect people's views. Feedback included, "I enjoy living here, I'm very happy", "Very happy with everything", "We are very lucky." Information gathered through all of these methods was used to improve the quality of the service for people living there. People told us they were listened to and any areas of improvement were actioned. The restaurant was contracted to an outside catering company and one person commented, "Menus have been a source of contention but they have improved." Feedback was displayed around the service and all staff said they were open to new ideas and feedback.