

Yourlife Management Services Limited

YourLife (Urmston)

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

This inspection took place on 25 May 2017 and was announced. Yourlife (Urmston) provides personal care to people over the age of 70 years, in a setting called 'assisted living light'. People live in their own privately owned retirement apartment in a purpose built complex and can purchase a personal care package from the on-site domiciliary care service. At the time of the inspection three people received personal care from the domiciliary care service. The complex, which opened in November 2015, also has communal areas, including a lounge, 'bistro' and garden. There are no staff on site during the night. This inspection focused on the domiciliary care service and not the complex itself.

The service had a registered manager, who had previously trained as a nurse. 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 and associated Regulations about how the service is run.

People who used the service told us they felt safe and training records we viewed indicated that staff received annual training in safeguarding vulnerable adults. Recruitment checks had been carried out on new staff to ensure they were suitable to work with vulnerable people.

There were procedures in place to ensure medicines were administered correctly.

New staff had completed an induction programme and shadowed senior staff until they felt confident to work unsupervised. Staff had undertaken a variety of training which equipped them with the skills and knowledge required for their roles. Staff received regular supervision which gave them the opportunity to discuss their training requirements and any concerns they had around their work.

Staff sought consent before undertaking care and support and offered choice to those they cared for. This showed the service was working within the principles of the Mental Capacity Act (2005).

People we spoke with were complimentary about the staff and were happy with the care and support they received from them. Care plans, which were detailed and person-centred, were reviewed regularly to ensure they contained up-to-date information to guide staff.

There was a complaints procedure in place, although no recent complaints had been received.

Regular staff meetings were held to discuss issues around the service and provide feedback to staff.

There were a range of policies available to guide staff in their work.

A range of audits was carried out regularly to monitor the quality and standard of service provided.

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.

Recruitment processes were sufficiently robust to ensure staff were suitable to work with vulnerable people.

Staff had received training in Safeguarding Vulnerable Adults and knew how to protect people who used the service from the risk of abuse.

Arrangements were in place to ensure that medicines were administered safely.

There were sufficient staff to provide care and support to people.

Is the service effective?

Good ●

The service was effective.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively.

All new staff received an induction programme.

Staff received regular supervision. This ensured that the standard of care was monitored and any problems identified and managed appropriately.

Is the service caring?

Good ●

The service was caring.

People we spoke with were complimentary about the staff and about the support they received.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Detailed support plans ensured staff had the information needed

to care for people in a person-centred way.

There were systems in place for receiving and responding to complaints.

Is the service well-led?

The service was well-led.

There were systems in place to monitor the quality of the service and gather feedback from people who used the service.

Up-to-date policies and procedures helped guide staff to care for people safely.

Staff told us they felt supported and could approach the manager when they wished.

Good 

YourLife (Urmston)

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.

The inspection took place on 25 May 2017 and was carried out by one adult social care inspector. We gave the provider 48 hours' notice of the inspection to ensure that the registered manager and staff would be available to assist with the inspection.

Before the inspection we reviewed information we held about the service. This included a provider information return (PIR). This is a document that asks the provider to give us key information about the service, what the service does well and any improvements they are planning to make. We had not received any notifications from the provider. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law. We also contacted Healthwatch (Trafford) to ask if they had any concerns about the service, which they did not.

During our visit we spoke with the registered manager, the area manager for Yourlife Northwest, two care staff and two people who used the service.

As part of the inspection we reviewed care records of the three people who used the service. This included their care plans and risk assessments. We also reviewed other information about the service, including records of training and supervision, two staff personnel files and the quality assurance records.

Is the service safe?

Our findings

People who used the service told us they felt safe with the care provided at Yourlife (Urmston). There was a policy in place which provided staff with guidance on identifying and responding to signs and allegations of abuse, and staff received annual training in safeguarding vulnerable adults. Staff we spoke with were able to tell us how they might identify if someone was being abused and were confident they could report any concerns about poor practice within the service.

Personal protective equipment (PPE), for example disposable aprons and gloves, was readily available for staff and was worn to protect people who used the service from the risk of cross infection. Staff received annual training in infection prevention and control. As part of their roles staff undertook a variety of tasks, including helping with personal care, domestic duties and serving food in the bistro. We saw during our inspection that where people moved from one task to another, for example from carrying out personal care to serving food in the bistro, they changed their uniform. This helped to protect people from the risk of cross infection.

We looked at two staff files to check that staff recruitment and selection processes had been undertaken thoroughly. The files we viewed were well-organised, containing copies of the completed application form, two references, interview questions, identification documents and a Disclosure and Barring (DBS) check. A DBS check helped the service to make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults and children.

There were systems in place to protect people from the risk of fire. A fire drill was held twice a year and the fire panel was checked daily to ensure it was working correctly. The registered manager kept an up-to-date list of those people who had mobility/communication problems and might need assistance from the emergency services in the event that the complex needed to be evacuated. An emergency box containing a first aid kit, torches and fluorescent jackets was readily available. This was checked monthly to ensure the contents were in working order.

The service identified and managed risks appropriately. We looked at the care files for those people receiving a care package at Yourlife (Urmston) and saw that they contained risk assessments identifying hazards that people and carers might face. These included, for example medicines risk assessments for those people receiving support with the medicines. Environmental risk assessments had also been carried out. These identified potential hazards to carers, such as inadequate lighting or worn rugs.

An investigation report was completed for any accidents and incidents which occurred at Yourlife (Urmston). The report described the type of incident, who was involved, and what remedial action was taken to prevent a reoccurrence of the incident. Analysis of accidents and incidents was done every month, to monitor for trends.

We found there were safe systems in place for managing peoples' medicines. There was a medicines management policy which gave guidance to staff about how to safely support people with their medicines

and this had recently been reviewed. All staff who supported people with their medicines received annual training in medicines administration. Administration of medicines was divided into three levels: each level described a different amount of support that the person needed. For example, level one meant that the person needed prompting or reminding to take their medicines. Medicines care plans indicated the level of support needed. Staff were expected to complete a form kept in the registered manager's office when they had supported a person with their medicines. This ensured that these visits had been completed and the person had received their medicine.

There was a procedure in place which was followed if a medicines error was identified. The registered manager told us that if this happened they immediately contacted the person's doctor to report the error and to check if any medical attention was needed. Following this, the person who made the error was asked to make a statement, undertake refresher training in medicines management and have their competency in medicines administration re-checked.

We reviewed the staffing levels to see if they were adequate and enabled the service to provide timely care and support to people. People told us they had not experienced any 'missed visits' and one person said "They usually come on time". The registered manager told us agency staff were used once or twice a month if regular staff were unable to cover extra shifts created by annual leave or sickness. Agency staff did not support people with medicines. There was also a 'relief' member of staff who was able to cover extra shifts when required. At the time of our inspection we found sufficient staff to support the people receiving care at YourLife (Urmston).

Is the service effective?

Our findings

We checked to see if staff had received the training, supervision and support they needed to carry out their roles effectively. We reviewed the training matrix, which mapped out the training staff had completed and identified training requirements. It showed what training staff should undertake, the validity period for each training course and if it was mandatory or optional. We saw that staff had recently undertaken a variety of training, including fire safety, basic life support and safeguarding vulnerable adults. Where it had been identified that training was out of date, we saw that a refresher course had been arranged. All staff undertook annual training in the administration of medicines.

Staff also undertook training in food safety awareness, annually. This provided them with the knowledge to prepare food safely for people who used the service.

The registered manager had recently undertaken 'virtual dementia training'. Through the use of technology, this course provides insight into the feelings that people living with dementia can experience, such as confusion, isolation and vulnerability. The registered manager told us that there were plans for all staff to undertake this course, in order to provide them with a better understanding of dementia.

We were shown details of the induction programme that all new staff undertook and saw that they had completed the Yourlife Induction Handbook. Topics covered during the induction programme included, homeowner well-being, health and safety, infection control, domestic assistance, estate management and communication. Following the induction staff spent several days 'shadowing' a member of staff and were then observed carrying out a variety of tasks to ensure they were competent to work unsupervised.

Staff were supported to improve the quality of care they delivered to people through face-to-face supervision sessions and annual appraisals. Supervision and appraisal meetings provided staff with the opportunity to talk about their training and support needs and to discuss any issues in relation to their work. The registered manager told us they chose particular topics and policies to discuss at supervision meetings, such as dignity in care and safeguarding vulnerable adults. This provided the registered manager with an opportunity to check on staff knowledge in a particular topic. Where staff needed extra support, or a concern was raised around their practice, they received extra supervision. For example, we saw that a member of staff had received supervision following concerns around maintaining confidentiality.

The registered manager carried out 'spot check's, to directly observe care being given and to check how staff interacted with people they supported. Spot checks helped to ensure that staff were maintaining high standards, by identifying areas of good practice and areas for improvement or development.

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 found that the service was working within the principles of the MCA.

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).

People living in their own homes are not usually subject to DoLS. However, staff had received training in the MCA and DoLS in order to help them gain an understanding around issues of capacity, choice and consent. People who used the service had signed a service user consent form to say that they had been involved with their assessment and care planning, and people we spoke with told us that staff always asked their consent before carrying out care tasks. One person said "They ask what I would like them to do and what they can do for me".

Care staff did not carry out any cooking, but were able to provide basic support with food, such as preparation of sandwiches. The registered manager told us that the majority of people living at Yourlife (Urmston) visited the on-site 'bistro' for lunch but that people could have a meal taken to their rooms for them by care staff, as part of their care package.

Is the service caring?

Our findings

We asked people who used the service if they found the staff caring and were happy with the attitude of the care staff towards them. One person said "Yes, they are very caring" and another told us "They are very, very polite, very helpful".

We read a letter that a person had submitted, which complimented the staff. It said "The girls are so friendly, approachable and so professional".

People we spoke with told us that they were treated with dignity and respect by staff. The registered manager told us that this was an area that was covered in 'themed supervision' sessions, and this helped to remind the care team to behave in a respectful manner towards people who used the service and their relatives. Staff explained to us the importance of treating people with dignity and respect while undertaking care tasks, for example keeping doors closed while carrying out personal care. One carer told us "It's about making it private for people".

We looked at three care files during the inspection. Care plans were personalised and had been developed with people who used the service, so their choices had been respected. This showed the service treated people as individuals. Staff received training in equality and diversity every three years. This showed the provider was committed to developing a service which was inclusive and respected peoples' differences.

All people living at Yourlife (Urmston) received a copy of the Service User Guide which contained a variety of information about the premises and what facilities and services were provided. The guide was available in a number of different formats, such as large print, audio, Braille or different languages.

The service had not yet cared for anyone approaching the end of their life. The registered manager told us that they would arrange for staff training in this area if it was needed at a future time.

Is the service responsive?

Our findings

People told us staff responded well to their needs. One person told us "They will do anything I ask". We looked at comments people had made during the review of their care package. One person had commented "I am happy with everything here".

Prior to a person purchasing an apartment at Yourlife (Urmston) a full assessment of the person's needs was undertaken by the registered manager, either at the person's own home, or at the complex itself. This assessment process ensured the service could meet peoples' needs and that they fitted the criteria for an 'assisted living light' complex. Assisted living 'light' means there are no staff on the premise overnight.

We talked to the registered manager about the different levels of support that were available to people living at the complex. As well as providing regular long-term care packages for people, for example to administer medication, help with personal care or shopping and carry out domestic tasks, the care team also provided short-term support for two to six weeks. This was designed to provide care for a short period of time, when, for example a person needed extra help following an illness. All people living in the complex were in receipt of a daily check visit or phone call, which ensured they were well and managing to look after themselves independently.

People living at Yourlife (Urmston) were able to summon help through the use of a pendant alarm or emergency call bell. Calls were responded to by the on-site care team or registered manager during the day, until 23.00. After 23.00 all emergency calls were responded to by an independent company who summoned assistance for people, such as a doctor, or ambulance, if required.

We looked at the care records of the three people in receipt of a care package. Each file contained assessments that had been carried out to identify people's individual support needs and the care plans contained appropriate information detailing how these needs should be met. Documentation included information about the person's background, their likes and dislikes, their skills and interests, medical conditions, and their emotional well-being. Personal risk assessments, such as for nutrition had been completed if a risk had been identified. Environmental risks had also been identified, such as for example, those caused by a wet floor or inadequate lighting.

Information about the length of time for each visit and when the visit should occur was also contained in the care files. Care plans were reviewed monthly and updated so people's changing needs were responded to. The monthly review also gave the registered manager the opportunity to check that people were happy with the care they were receiving.

The service had a complaints policy which told people how they could complain, how the service would deal with their complaint and how long the complaints procedure would take. This information was displayed in the building foyer. People we spoke with knew how to complain and were confident any issues they raised would be dealt with appropriately, although no complaints had been received by the service.

Is the service well-led?

Our findings

At the time of our inspection there was 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The area manager for Yourlife North West regularly visited the service to support the registered manager in her role. People who used the service and staff were happy with the management team and told us they found them approachable. One staff member told us "I get very good support from (name). If you've got a problem you can always go to her".

The registered manager had recently introduced a new initiative to name an 'employer of the month'. The aim of this was to thank staff for their hard work and to improve job satisfaction

The service employed two tiers of care staff: duty supervisors and carers/domestic staff. Each of the four duty supervisors held a different area of responsibility, such as reviewing care plans, compiling the staff rotas, supervision of carers and fire safety. They were also responsible for the service when the registered manager was not in work. This ensured there was always a senior member of staff available.

There were a range of policies easily available, both as paper copies and on the company intranet, to guide staff in their work. These included accidents and incidents, complaints, infection control and safeguarding vulnerable adults. Policies were discussed during staff supervision sessions and at team meetings, which ensured staff were familiar with the contents of the policies and knew how to incorporate the knowledge into their day-to-day work.

We saw evidence that staff meetings were held every other month, which enabled information about the service and issues around care to be discussed with staff.

We looked at the systems that were in place to monitor and review the quality of the service and found that there were sufficient audits to ensure the service was working well and to identify any areas for improvement. A weekly medication audit was undertaken to ensure that medicines were administered safely and that all medicines records had been completed correctly. Any discrepancies found were noted and action taken to prevent re-occurrence in the future. The registered manager reviewed care files on a monthly basis and checked that all the documentation was up-to-date. Quality assurance checks were also carried out every two months by the area manager for Yourlife Northwest.

The registered manager was aware of their CQC registration requirements, including the submission of notifications. Notifications inform the CQC of certain incidents which have occurred during, or as a result of, the provision of care and support to people.