

Yourlife Management Services Limited

Yourlife (Bury)

Inspection report

Cross Penny Court
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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

Your Life (Bury) is a domiciliary care agency, delivering services to people living in a McCarthy and Stone assisted living scheme called Cross Penny Court in Bury St Edmunds. The agency was based in the scheme and was providing support to four people who lived there.

The inspection took place on 13 June 2017 and was announced. Twenty four hours' notice was given, as this was a domiciliary care service and we wanted to make sure that people would be available to speak with us.

The service has a registered manager. 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 who used the service was complimentary about the staff team and the quality of care they received. There were sufficient numbers of staff deployed to safely meet people's needs and people were supported by a small team of regular, reliable staff who knew their needs.

Staff were able to tell us about safeguarding procedures and were aware of their responsibilities to identify and report any concerns they might have. Risks to people's health, welfare and safety had been assessed and risk assessments produced to guide staff in how to reduce these risks and keep people safe from harm.

There were clear arrangements in place for the recruitment of new staff which included checks on their suitability and character. Staff received induction and training to enable them to meet the needs of people using the service. Refresher training was provided to all staff on an ongoing basis to ensure that staff skills and knowledge were kept up to date and in line with best practice. There was a system of supervision, appraisals and competency checks to ensure that staff were putting their training into practice.

The manager was aware of the legal requirements of the Mental Capacity Act 2005 (MCA) and was aware of the process to follow when people were unable to make specific decisions about their care. The 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 service supported people with decision-making and involved people's family members or representatives in the decision-making process.

Staff had been provided with sufficient guidance and information within care records on people's needs. Care and plans were personalised, regularly reviewed and accurately reflected people's care and support needs including their likes and dislikes.

Staff enjoyed working at the service and were well supported by the registered manager who they found approachable and accessible.

There was a complaints procedure in place to address any formal complaints. Feedback from people who used the service was actively sought and the information was used to improve the service people received

The provider undertook checks on the quality of care and there were systems in place to monitor the quality and safety of the service. Action was taken to make any necessary improvements to develop the service.

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.

Staff were provided with training and understood how to identify people at risk of abuse.

Risks were identified and management plans were put into place to reduce the likelihood of harm

Medicines were managed in a way that offered protection to people.

Robust recruitment processes were in place to ensure the safe recruitment of staff

Is the service effective?

Good ●

The service was effective.

Staff were motivated, trained and effectively supported.

Staff had been trained to understand their responsibilities with regards to the Mental Capacity Act 2005.

People's dietary needs were met and they were supported with access to any healthcare support they required, according to their needs.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, and their rights to respect and dignity promoted.

People were consulted with all aspects of their care and welfare. People were listened to and their views acted upon.

Is the service responsive?

Good ●

The service was responsive.

People had care records which detailed people's likes, dislikes and preferences and these were understood by staff.

People knew how to make a complaint, and expressed confidence that any complaints would be dealt with appropriately.

Is the service well-led?

The service was well-led.

The registered manager provided clear leadership and direction.

The culture of the service was open and responsive to people's needs.

There were systems in place to monitor safety and quality and drive improvement.

Good ●

Yourlife (Bury)

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 13 June 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be there. The inspection team consisted of one inspector.

There were four people using the service at the time of our inspection. We spoke to three people who used the service, two staff as well as the registered manager and compliance manager.

We reviewed a range of documents and records including two care records, medication records, quality checks, records of staff employed and staff meetings.

Is the service safe?

Our findings

People told us that they felt safe and spoke positively about the responsiveness of staff, one person said, "I have a red cord and when I use it they immediately ask if I am alright." Another person told us that they felt safe and appreciated the fact that, "There is always someone here at night."

Staff told us that they had undertaken training about the types and signs of abuse. They told us that they would report matters of concern to the manager or the area manager and were confident that they would be taken seriously. The manager was clear about the reporting mechanism and the local authority safeguarding protocols.

There were sufficient numbers of staff to meet people's needs. The manager told us that they were fully staffed but had started to recruit for some relief hours for additional holiday cover. People told us they had support from regular carers who knew them and their needs. One person told us, "They are spot on with time, today I looked at the clock and they walked through the door." The manager told us that they had a small staff team who also undertook housekeeping duties. The team worked together to cover sickness and holidays. One member of staff said, "There is enough staff, it's a small team but works well." There was a duty manager on site when the manager was off duty, to support staff and there were clear on call arrangements outside office hours.

Staff files were well organised and showed that recruitment checks were carried out by the provider to check on people's suitability for the role. We saw that staff completed an application form and checks were undertaken on their identity. References were obtained from their last employer and Disclosure and Barring checks (DBS) were undertaken to check if prospective staff had any criminal offences.

People told us that staff supported them with the application of prescribed creams and lotions and they were administered as required. One person told us, "They always fill in the record when they do my creams." We looked at medication administration records (MAR) for two people and saw that staff had signed appropriately after administration however it was agreed that the prescribing instructions for one, of the as required (PRN) creams could be further clarified to assist staff. There were body maps in place to guide staff on where creams and lotions should be administered. Documentation set out the responsibilities for ordering medicines to ensure that the arrangements were clear. All staff received training in the administration of medication.

Risks were identified and there were plans in place to reduce the likelihood of harm. We looked at two people's care plans and saw that risk assessments were undertaken to assess any risks to the person using the service and the staff supporting them. This included environmental risks and risks due to the support needs of the person. We saw for example that risks such as wet flooring and falls were assessed and there was a management plan in place to reduce the likelihood of harm which included reminders for staff to leave the area clear of obstacles. We spoke to staff about risks associated with falling and infection control. They told us that the falls prevention service visited the service weekly and provided an exercise class to assist people build up muscle strength and reduce the likelihood of further falls. They were able to tell us

about infection control and the steps they took to protect themselves and the people they supported such as the wearing protective equipment, changing uniforms and washing hands.

Is the service effective?

Our findings

People told us that they were happy with the care and that staff had the training they needed for their role. One person told us "They have just had a week's training." Another person described the staff as, "Very professional" and calm and reassuring in their response to issues."

Staff told us that there were good training opportunities and they received training on a range of areas including food hygiene, moving and handling, dementia and health and safety. Updates were provided on a yearly basis and they met face to face with a trainer which gave the staff opportunities to discuss what they were learning and apply it to the people they were supporting. Staff told us that they were encouraged to develop their skills and a number were undertaking National vocational Qualifications. The manager maintained a matrix which showed clearly the dates that training was completed.

The manager told us that new staff were undertaking the care certificate which is a national initiative to ensure that newly appointed staff are properly inducted into their role. Staff told us that all new staff received an induction which prepared them for their role and included familiarisation with the service, policies and procedures. They told us that they worked on a supernumerary basis to start with, and observed their colleagues before working independently.

Staff told us that they were well supported and the manager was very approachable. We saw records which showed that staff had regular supervision throughout the year and an annual appraisal which gave them an opportunity to discuss their progress and any development needs. The manager undertook reviews and observations on care staff to check the quality of care they provided to people and ensure that it was in line with best practice. In addition competency checks were undertaken on medication practices to assess their competency and ensure that staff had the skills they needed to fulfil their responsibilities.

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 saw that staff had received training in the MCA and the staff we spoke with understood how to apply the principles of the act in practice. For example, communicating with people in ways they could understand and involving people in decision making. One member of staff told us that people could make their own decisions and, "Everyone is very independent here." People told us that they were involved in their care and they were supported at their own pace. Where people had appointed a representative to make decisions on their behalf this was recorded in people's care records so that they could be consulted in any best interest decisions.

People were supported to eat and drink when necessary. The majority of people attended the communal dining room for their main meal and the manager told us that the chef could cater for peoples specific needs such as those who were diabetic or required a specialist diet such as gluten or lactulose free. People spoke positively about the meals which were provided.

People were given support to help them stay healthy. One person told us, "I don't need to worry and nor does my relative." Another person told us, "If I feel unwell I ring the manager who comes who will ring [health professionals] for assistance." Most people were able to manage their own health appointments; however support was available if required. Staff recorded the support they provided on each support visit along with other observations relating to people health and wellbeing. These records demonstrated that when necessary staff had taken action to ensure that people received the health support they needed.

Is the service caring?

Our findings

People had positive, caring relationships with the care workers who supported them. Staff were described as kind, caring and hardworking. People told us that staff were helpful and always made sure that they were comfortable before they completed their visit, one person told us, "They always ask if they can do anything for you."

Staff referred to people in a kind and caring way. They were knowledgeable about the people they cared for and were able to tell us about people's preferences daily routines and their likes and dislikes.

People told us they were aware of their care plans and had access to them if they wanted to. We saw that care and support plans had been personalised to the individual with the aim of facilitating individualised care for example they provided information to staff about what people liked to be called and things that were important to them. One person told us that they had been asked about the gender of carers they preferred and this was always accommodated.

After each visit staff recorded the care and support they had given in a daily record sheet. The daily notes were written in a kind and sensitive way. For example "We had a lovely chat."

People told us that they were on control of their care. They treated with respect and staff gave them the time they needed. One person told us, "We put the worlds to right. I never feel rushed, they help me to settle down and give me my newspaper."

People told us that staff were aware of privacy and maintained a good balance between maintaining their safety and ensuing privacy, for example leaving the door slightly ajar when they were getting dressed in case there was a problem but not directly intervening. Staff understood the importance of treating people with respect and ensuring privacy, one member of staff told us, "I always make sure the curtains are closed and use a towel to protect people's dignity."

People's independence was promoted, one person told us, "They are not bossy, they let me do what I can do." Another person told us "You do as much as you are able to do." Staff were clear that their role was about supporting people with their independence, and the care plans we looked at reinforced these messages, by emphasising what the individual could still do. For example one care plan stated that staff should, 'hand a towel to [the person],' so they could continue to self-care.

Is the service responsive?

Our findings

People told us that they received personalised care which met their needs. One person told us, "Things have improved over the last year, they are very helpful." Another person described themselves as being "Lucky" as they were living in "a nice community" where they were able to be independent but also receive the support they needed.

People told us they contributed to their needs assessment and this information was used to develop a support plan. Information was presented in a clear way for staff to follow and included, 'my support plan at a glance.' This was a one page document which set out key information about people preferences such as their preferred gender of carer and how they liked to spend their time. This was underpinned by a more detailed support plan which gave staff specific guidance about the individual, such as whether they wore hearing aids, glasses, how they wished to be supported and what they still wished to do themselves. Some of the information was very specific to the individual such as what colour flannel the individual preferred.

People were supported by a consistent staff team who knew them well. Daily records were completed by staff which recorded the care they had provided and any changes in the individual's wellbeing. There were clear arrangements in place to ensure that information was handed over to new staff coming on duty.

We saw that reviews of people's needs were undertaken and care plans were regularly updated. The service was flexible and was able to respond to people's changing needs including providing extra visits if people were unwell which meant that people received effective and coordinated care. Staff were clear about actions they would take if they noticed deterioration in people's wellbeing and this included contacting the office and relatives/GP if necessary.

None of the people we spoke with had any complaints about the service they were provided with. People knew how to make a complaint and told us they had confidence in the manager to deal with any concerns they might have. There was a complaints procedure in place but we were told that as yet no complaints had been about the domiciliary care part of the service

People told us that they were asked for their views and they had meetings with the manager and area manager and were able to air their views with regards to meals, activities and how staff supported them.

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day to day running of the service. They were supported by a duty manager who worked alternate shifts to provide management cover. People and staff were positive about the management of the service. All the people we spoke with knew the manager well and a number knew the area manager by name. They told us that the manager was approachable and helpful. One person told us that, "The manager is excellent, so conscientious." We saw that the manager was supported by the provider and received ongoing training to develop their skills and keep up to date with practice.

The service had clear aims and objectives which included supporting people to be as independent as possible. These aims were understood by staff and people told us that the staff put these into practice.

There was a positive culture within the staff team, and staff were complimentary about the support they received from the leadership team. One member of staff told us, "The office door is always open and the manager says come in and sit down." The manager was described as "fair" and "treats all staff the same." There was a system of supervisions, appraisals and spot checks on quality to identify and drive improvement. Where issues were identified we saw that they were addressed. This was confirmed by people who used the service one of whom told us that the manager "Comes round to check on the carers."

We saw that regular staff meetings were held and used to discuss how they would improve the service they delivered. Staff surveys were undertaken by the provider on a regular basis to identify any issues. For example we saw that they had asked staff about the training they had received and whether they thought they had benefited from it.

The manager told us that people's views mattered and they ascertained the views of people who used the service in a range of ways including owner meetings, regular reviews and surveys. We looked at a sample of the surveys and spoke to the manager about the results and saw that the feedback was largely positive. The manager spoke about how good practice was celebrated and told us about the pride awards which were organised by the provider, where individuals or groups could be nominated for good practice or specific achievements.

The manager told us that there were regular checks carried out by the area manager as well as an unannounced visit by the compliance manager. They told us that these visits involved speaking with people about their experience of the service. We looked at the records of the most recent of these visits and saw that the audit referred to each of the key lines of enquiry and checks were undertaken on areas such as medication, first aid, and training. Where areas were identified an action plan was in place.

Records were well organised and staff were able to easily access information when this was requested. Risk assessments had been produced and regular health and safety audits were carried out to ensure people lived in a safe and secure environment free from hazards.