

Yourlife Management Services Limited

Roswell Court

Inspection report

Roswell Court
8 Douglas Avenue
Exmouth
Devon
EX8 2FA

Date of inspection visit:
25 April 2018

Date of publication:
06 June 2018

Tel: 01395264804

Website: www.yourlife.co.uk

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

Roswell Court is located near the seafront in the seaside town of Exmouth. They provide personal care for older people living in a purpose-built assisted living complex. There are 52 apartments in the complex. The apartments are privately owned and self-contained. There is a restaurant on site that provides meals if people choose not to prepare their own meals. There are also communal areas for people living in the flats to use.

This comprehensive inspection took place on 25 April 2018 and was announced. The registered manager was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Roswell Court was registered with the Care Quality Commission in February 2013 as a domiciliary care service.

CQC only inspects a service when people are provided with 'personal care'; such as help with tasks related to personal hygiene and eating. Where people are receiving personal care, the CQC also take into account any wider social care provided, such as support with activities. At the time of the inspection the service was providing personal care for two people. There were three other people who had been supported with personal care by the service during the week of our visit. Two of these people had been taken into hospital and one was on holiday at the time of our visit. Other 'homeowners' (people living) in the complex received support visits which did not include personal care. We therefore did not inspect the services they were receiving.

The time of visits provided by the service ranged from 15 minutes to one hour, with the frequency of visits from twice a week to six times a day. There were nine care staff employed.

At the last inspection in February 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good:

The service had an experienced registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered persons, 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. They were supported by duty managers and care staff.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety. Where people required support with their medicines this was completed on time and in a safe way.

Care records were personalised to reflect people's personal preferences. People's needs were assessed before their care commenced and care plans were regularly reviewed and updated as their needs changed. The registered manager said they were going to pilot a new computerised care system. They said to keep people safe they would keep paper records running alongside the computerised records.

People were supported to maintain a balanced diet. People were able to use the restaurant facilities at the complex for main meals. Where needed, staff supported people with the preparation of other light meals such as breakfast and tea.

People 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. The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Care staff respected people's privacy and dignity and maintained people's independence as much as possible. They worked in partnership with other health and social care professionals to ensure people's health needs were met in a timely way.

Staffing arrangements were flexible in order to meet people's individual needs. Care staff were allocated people to support and a duty manager was available to step in where people required additional time. There were effective recruitment and selection processes in place. Staff received training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke very positively about the registered manager and how the management team at the service worked well together. The culture at the service was open and honest and focused on each person as an individual and the service was tailored to people's needs.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff. There was a complaints procedure in place. There had been no complaints made since our last inspection.

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 remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Roswell 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 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 visit took place on 25 April 2018 and was announced. We gave the agency two days' notice of the inspection visit because the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be in. This was a routine comprehensive inspection carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection site visit activity started on 25 April and ended on 27 April 2018. Two days after the inspection visit we phoned people who used the service and their relatives and spoke with two people who used the service and three relatives

We contacted 10 health and social care professionals and received responses from two of them.

We spoke with five staff which included the registered manager, duty managers, administrator and care staff.

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 agency, such as notifications. A notification is information about important events which the service is required to tell us about by law.

We looked at two people's care folders, health and safety and the monitoring of quality. We looked at agency had collected about the quality of service using surveys of people, their relatives, staff and professionals. We also looked at information relating to staff training and records of staff meetings. We reviewed policies which related to the running of the agency. We looked at five evidence folders which the

registered manager had compiled to demonstrate how the service was delivering care. The folders were aligned to the five domains (Safe, Effective, Caring, Responsive and Well-led) CQC uses to assess a service.

Is the service safe?

Our findings

The service remained safe. People and relatives said they felt safe and supported by staff. Comments included, "Yes, I think so. They are very good at doing what they do", "Yes ...they are very good" and "I do. If I am not happy I feel I can say and they take it on board." A health professional said, "As a team we feel that the staff ensure the safety of all residents that we are involved with."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally, such as to the local authority safeguarding team, police and to the Care Quality Commission. There were clear policies for staff to follow. Staff felt confident any concerns they raised would be investigated and actions taken to keep people safe. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. There had been no safeguarding concerns since our last inspection.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls to identify the risk and contributory factors, such as a decline in their mobility. Staff completed an environmental risk assessment which considered people's and staff's environmental risks.

People confirmed staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time and there had been no missed visits. Comments included, "I don't think they have ever been late. There have been no missed visits" and "They are usually pretty good."

Staff confirmed people's needs were met promptly and felt there were sufficient staffing numbers. The provider had a duty manager on each shift overseeing the service and the complex. They could step in to undertake a visit if required or if another visit had to be extended.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines on time and in a safe way. People received varying levels of staff support when taking their medicines, for example, from prompting through to administration. Staff had received medicine training and had their competencies regularly assessed. People were happy with how their medicines were managed. Comments included, "They put it in a little pot and give her a drink of water. They are there a while she takes them and make sure she takes them" and "They do it all. There are blister packs in the kitchen. All are listed in the back of the folder and it's all filled in in the book."

People confirmed staff washed their hands before and after providing care and used personal protective

equipment such as aprons and gloves when providing personal care. This reduced the risks of cross infection. The provider had infection control policies which were in line with current practice.

The registered manager had arranged for the Fire Service to undertake a visit to talk to people about smoke alarms help keep them safe.

Is the service effective?

Our findings

The service remained effective.

People and relatives said they were satisfied with the skills, knowledge and attitude of the care staff. Comments included, "Yes, experienced", "Yes, I think they have training sessions. They are very caring" and "They are very strict (on recording). I like to read the folder when I come." A health care professional said, "Staff are aware of how to escalate and are willing to do so if they need help and support."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. Staff said people's care plans were useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, they contacted GPs and a Parkinson's nurse for medication reviews when a person's mobility had put them at risk, to explore possible medication side effects. A relative commented, "The office phoned for her. The manager also phoned the doctor to find out when she was having the tests. They are very helpful."

A health care professional said, "We have always found that staff are quick to escalated concerns/ problems, and are keen and willing to take on and carry through advice given." Another said, "I have always found the manager on duty (duty manager) very helpful and caring and keen to do everything to support my patient, they have contacted me with concerns appropriately as well."

The registered manager involved the provider's health and wellbeing advisor to support people when needed. For example due to poor vision, advice had been sought for one person. This had led to the registered manager providing coloured cutlery for the person. This meant the person was more able to see the cutlery, which helped them to eat independently.

The registered manager recorded in the provider information return (PIR), "New staff carry out shadow shifts and are introduced to our service users, so that their faces are familiar." Records confirmed staff completed an induction when they started work at the service, which included training. During induction new staff were supervised by more experienced staff before working alone. This helped to ensure new staff were competent to carry out their roles.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Subjects included safeguarding vulnerable adults, the Mental Capacity Act (MCA) 2005, first aid, moving and handling and a range of topics specific to people's individual needs. Staff were positive about the training they had received; comments included, "A good opportunity to get together and chat and learn." All of the staff had, or were working towards, qualifications in health and social care. Staff

were also working towards becoming dementia friendly, this included watching short videos and reading guidance documents. The PIR described that they had introduced new dementia paperwork "to ensure we meet the needs of service users living with dementia."

Staff received supervision and annual appraisals to support them in their roles and identify future professional development needs. Staff confirmed they felt supported by the management team.

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 and found they were. Care workers had received training on the MCA and were aware of how it applied to their practice. Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. People said they were asked for their consent before undertaking tasks. Comments included, "Yes, they do. Sometimes she will say 'I will get dressed today', but sometimes she will want more help. They are always willing to do that. They never force her to do anything."

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. 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. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

People were supported when required to maintain a balanced diet. The registered manager said people ate their main meal in the on-site explained that they only supported people to prepare light meals as they could use the restaurant at the service for main meals. People and relatives were happy with the support they received. Comments included, "She has a three course lunch (in the communal restaurant). At tea time they check and make her a sandwich, toast, if she wants it. Breakfast is made by the carer in the morning. They ask her what she wants to eat" and "They make sure he has drinks..."

The registered manager recorded in the PIR, "We have spoken to healthcare professionals with concerns about a service user's nutrition and as a consequence they have been prescribed 'Build up' supplements. Staff document any food and drink prepared in the service user's apartment so intake can be monitored for malnutrition or dehydration." This was evident as food and drink monitoring charts had been used.

Is the service caring?

Our findings

The service continued to be caring. People and their relatives felt cared for by staff. Comments included: "When you see them they are always very caring. When they bring the meals out (at lunchtime) they ask if they feel alright, encourage them to eat...They care...", "They mother me a bit. They offer to help" and "It's just their general attitude. They all seem to be very good...I find all the staff at Roswell Court extremely good."

There was a very small staff team at the service, so people received consistent support from staff they knew well. One staff member said, "When people get complex, we have something special to offer here...get the same carers, don't get missed visits, get continuity... We were taught how to look after people with compassion...we all know their families...have good relationships."

The registered manager said, "I think the girls go above and beyond and strive for excellence. It is a really personal service and we support the families as well." A relative had sent a thank you note to staff when they had held a birthday party for a person. It said, "Thank you for staff helping with a party-they worked so hard helping seat people, handing around food...generally being there to give us support."

Care staff were respectful of people's privacy, dignity and maintaining independence. People and relatives said staff ensured privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain their safety. Comments included: "There's that much privacy. They knock on the door" and "They are very good. They always knock on the door even though it's never locked and say "is it alright to come in?"

People said staff offered them choices each day and asked for their consent before carrying out personal care tasks. One relative said, "They ask her if she wants a shower. They respect my mother's choice."

Staff had received training in equality and diversity and respected people's individuality. The registered manager recorded in the PIR, "Equality and diversity training trains staff to treat all people as individuals, this includes service users and their colleagues. Through induction process and training staff realise that they are guests in the service user's home and the service user's wishes and preferences are to be respected."

Is the service responsive?

Our findings

The service remained responsive. People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

People and relatives said they were involved with developing their care plan. They described how they had met with the staff at the start in order for the agency to understand their needs. Comments included: "Before they started they visited to discuss", "Yes, I have a time slot and it's about 15 minutes. I discussed it with the house manager", "Changes have been initiated by family, but also recognised by staff" and "We had a couple of appointments before dad went in, and then I went in and discussed what care dad needed. They will always let me know if it needs to be extended."

Care records contained personal information and identified professionals and people involved in people's care, such as their GP and family members. Records also contained a personal profile which included the person's background, skills and interests, likes and dislikes and "tips for talking to me". The records were stored in folders which were presented in an orderly and easy to follow format. This meant staff could easily refer to the care plan when providing care and support. There were pictures of all of the staff in each care folder so people knew who staff were. The rates charged were also in the care folder so the financial commitment was very clear and transparent.

Care plans set out clearly the support people required. The overall aim of the care plans recorded in each folder stated "Is to keep me safe and well and the outcome is for me to remain living happily at Roswell Court." The registered manager recorded in the PIR, "We view our care plans as working documents and respond quickly to any changes of needs or wishes. We had one service user who was taken poorly and after consulting with the service user and their daughter we increased the visits to include extra welfare visits throughout the day immediately."

Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. A staff member said, "We go and see the service user for a care review every six months. We make changes as things happen so would do a review earlier if necessary. People here are good at making their wishes known."

Staff commented that the information contained in people's care files enabled them to support the person appropriately in line with their preferences. One staff member said, "I read them to make sure I am doing it right...yes has the information I need."

The registered manager explained they were scheduled to take part in a pilot scheme to use computerised care records. They explained that in order to keep people safe they were going to keep paper care records alongside the new computerised ones.

The service were working to implement the Accessible Information Standard (AIS). They met people's

individual information and communications needs in ways to achieve independence. The AIS is a framework put into place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can understand information they are given.

The agency supported people at the end of their life. However, at the time of the inspection there was no-one receiving this type of service. The registered manager said, "I am passionate about giving good end of life care. My staff are very passionate and go above and beyond for anyone receiving end of life care." They also recorded in the PIR, "I am extremely proud of the staff team. They work really hard to ensure we provide a high standard of care. We have enabled a number of service users to die at home and the staff will come in, outside of their shift patterns, to ensure the care needs are met. If a service user has been unwell, the staff will make a point of popping to see them at regular intervals during the day, to ensure they are not wanting anything. We have introduced end of life paperwork into our care plans that can be activated if end of life care is required."

Relatives had sent cards to the team thanking them for the care the staff had given their loved one. One of these said, "She had a happy time there due largely to the care you and your team gave her especially during her final days." The provider had an end of life policy in place in line with Nice guidance and department of health and palliative care protocols.

The provider recognised the importance of social activities and how activities formed an important part of people's lives. They recorded in the provider information return (PIR) "We facilitate regular exercise groups to offer our service users the opportunity to remain healthy." Duty managers as part of their duties were required to arrange social events which people could attend. One staff member said, "We do fish and chip evenings, bingo, cheese and wine and film evenings." A church service was held regularly and a resident's meetings was held every two weeks.

The registered manager had been working on a community partnership with local nurseries and pre-schools. They had arranged for the children to come to Roswell Court and interact with people doing crafts, decorating cookies and Easter egg hunts; there were future events planned. They had sought people's views about the children's visits and they had all been positive. The staff produced a newsletter which included dates for people's diaries, activities on offer, what's on in the local area, staff news and word searches and crosswords for people to complete.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. The PIR recorded, "We personalise care plans and include copies of our complaints policy and Service User Guide so service users can report concerns." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the local authority ombudsman. People were made aware of the complaints process when they started their package of care. There had been no complaints made since our last inspection.

People and relatives said they had never needed to complain. Comments included, "I just can't imagine having a complaint. I think we would go to the office here", "First I would go to (registered manager), or telephone 'Your Life' in Bournemouth" and "would probably give it in writing to (registered manager). I've not made one. I would probably give her a call first."

Is the service well-led?

Our findings

People and their relatives said the service remained well-led and that they would recommend the service to others. Comments included, "They stick to the rules", "We have just been very satisfied. It's helped me. It's nice to have other people involved who understand the difficulties"; "I would have no fear in recommending them. All the staff here are extremely good and it's the best thing I ever did to come here. It's a very happy environment due to the care received from the staff. They go far above and beyond. I can't speak highly enough of the staff here." and "I would definitely recommend Roswell Court, 100 percent."

There was an experienced registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.' People and their relatives spoke positively about the registered manager and how the management team worked well with them.

Staff said they were happy working at the service, they felt supported and valued and that there was good team-working and an open culture at the service. Staff commented: "This is a lovely concept and a lovely place to work, so relaxed, a small team of carers, same times every day" and "I get lots of support from (registered manager)... If I have a problem I don't wait for my one to one, the office door is always open we can go to her at any time. The provider rewarded staff for good practice. The PIR recorded, "We also reward our staff through the PRIDE (Passion, Responsibility, Innovation, Determination, and Excellence) internal award system that we have in place. Staff are also rewarded with vouchers at Christmas time."

Staff had attended regular staff meetings. One staff member said, "Staff meeting every other month, we are quite a small team quite close." Records showed meetings took place on a formal basis and were an opportunity for staff to air any concerns, as well as keep up to date with working practices and issues affecting the service. The registered manager also provided staff with regular memos to keep them informed.

People's views and suggestions were taken into account to improve the service. For example, surveys had been completed in July 2017 and the result collated. The PIR recorded "We have an audit procedure in place carried out by the area manager and this includes auditing paperwork and meeting with service users for their feedback. We also have a yearly service review that our service users, and homeowners, complete. This provides feedback to the team and actions are taken accordingly." People and relatives confirmed they had been asked their views about the service. Comments included, "She had a questionnaire about five weeks ago. All her comments were very positive. She would say if there was anything that wasn't right. I think she is very satisfied" and "... sent a questionnaire through just after he had moved in."

The service worked with other health and social care professionals in line with people's specific needs. The registered manager said that communication between other agencies was good and enabled people's needs to be met. Regular reviews took place to ensure people's current and changing needs were being met.

The registered manager ensured they kept up with current best practice. They had joined two groups on a social media site, 'The outstanding manager's group' and 'The registered manager's group'. They recorded in the PIR, "Often sharing files on changes and best practice ideas. The registered manager often prints helpful documents to share with the staff team. For example. The new KLOE poster was printed and placed on the staff notice board; each staff member was also given a copy to ensure they have an understanding of the standards required." The registered manager said that every two years the managers from all the provider's services had a conference where they shared learning, concerns and evaluated what had worked or not worked.

Quality assurance checks were completed on a regular basis. For example, the staff reviewed people's care plans and risk assessments, as well as daily records and medicine records. This helped them identify where improvements needed to be made. The registered manager reviewed people's care plans and risk assessments, medicines and incidents and accidents. This enabled any trends to be identified and addressed to ensure the service was meeting the requirements and needs of people being supported. The provider's area manager carried out monthly visits where they looked at accidents and incidents, infection control and audits completed. The outcome of these checks generated a score. An action plan was then completed and reviewed the following month to ensure the action has been completed.

The registered manager had notified CQC of events which had occurred in line with their legal responsibilities. They had displayed the previous CQC inspection in the main entrance of the complex for people to see.