

Yourlife Management Services Limited

YourLife (Wallington)

Inspection report

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Wallington
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Date of inspection visit:
10 May 2017

Date of publication:
12 June 2017

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 10 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure there would be someone available at the office. This was the first inspection of this service since they registered with the Care Quality Commission (CQC) on 12 April 2016.

Yourlife (Wallington) provides personal care and support to older people living in a purpose built 'extra care scheme' called Elles House where they owned their own self-contained flats. Elles House has facilities including a restaurant, a laundry, communal lounges and a room available for homeowners to hire for functions. There were seven people using the service at the time of our inspection who all had low support needs.

The service had a registered manager. A registered manager is a person who has registered with the 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.

The registered manager and staff knew how to respond to keep people safe if they suspected they were being abused. Staff received training in safeguarding adults at risk and the registered manager talked about safeguarding topics with staff regularly to keep their knowledge up to date.

Staff managed people's medicines safely through robust processes. Only staff who had received training in medicines administration and had been assessed as competent were permitted to manage people's medicines. Staff completed records relating to medicines management appropriately.

Risks to people were mitigated because the registered manager ensured they were assessed with suitable risk management plans in place for staff to follow.

Staff were recruited through robust procedures to check their suitability to work with people. There were enough staff deployed to work with people and meet their needs.

Staff were supported through a programme of induction, training and supervision. The registered manager and staff understood the Mental Capacity Act 2005 and people were supported in line with it.

Staff were kind and caring and respected people's privacy and dignity. People were involved in making decisions about the care they received.

Although some information in the complaints policy required updating, the organisation's process for responding to complaints internally was appropriate and people were aware of how to complain.

Staff knew how people wanted to receive their care, their backgrounds and the people who were important to them and this information was recorded in people's care plans for staff to refer to. Staff used the information in people's care plans to provide care to them in the ways which met their needs.

The registered manager reviewed people's risk assessments and care plans regularly to ensure information in them remained current and reliable for staff to follow.

The registered manager and staff had a good understanding of their roles and responsibilities. The provider had a range of systems to monitor and assess the quality of the service including gathering and acting on the views of people who used the service and care workers. The registered manager encouraged open communication with people and staff.

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. The registered manager and staff knew how to report concerns when people may be being abused. People were supported with their medicines safely. Risks to people were well managed.

There were enough care workers deployed to support people and care workers were recruited after checks were carried out to verify their suitability.

Is the service effective?

Good ●

The service was effective. Staff were supported with effective induction, training and supervision.

The registered manager and staff understood their responsibilities in supporting people with decision making in line with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring. Care workers knew the people they were caring for and treated people with dignity and respect.

People received care in the ways they wished and were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive. People's care was assessed and reviewed regularly and people were involved in the review process. People's care plans included information about their backgrounds and preferences to guide care workers on delivering care centred on each individual. Staff used this information to provide care to people in ways that met their needs.

People knew how to complain although the complaints policy required some minor changes to avoid confusion.

Is the service well-led?

Good ●

The service was well-led. The registered manager and staff had a good understanding of their roles and responsibilities.

There were systems in place to assess and monitor the quality of the service and to gather the experiences and views of people who used the service and staff to help ensure people experienced good care.

YourLife (Wallington)

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.

This inspection took place on 10 May 2016 and was announced. The provider was given 48 hours' notice because the location provides personal care for people who may be out during the day; we needed to be sure that someone would be in. The inspection was undertaken by an inspector.

Prior to the inspection we viewed the information we held about the service, including the statutory notifications received. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service.

During the inspection we spoke with the registered manager, a person using the service and the relative of a person using the service and two staff members. We reviewed three people's care records and three staff records. We reviewed records relating to the management of the service including records relating to medicines management.

Is the service safe?

Our findings

One person using the service told us, "I feel safe with [staff]" and a relative who lived with a person using the service said, "We absolutely feel safe." The registered manager and staff understood how to keep people safe from the risk of abuse and neglect. They understood the signs people may be being abused and how to respond to this including taking action to safeguard people and report to the local authority safeguarding adults team. Records showed staff received training in how to safeguarding adults at risk as part of their induction and each year ongoing. The registered manager also discussed safeguarding adults at every team meeting and staff supervision to help staff keep their knowledge up to date.

A person told us staff understood how to apply a prescribed cream to them and they were happy with how this was carried out. Processes were in place for staff to manage people's medicines safely. Only staff who had received medicines training and had been assessed as competent to administer medicines were permitted to administer to people. The registered manager continued to check staff remained competent to administer medicines by assessing them every three months. Staff made appropriate and clear records of medicines administered to people, as well as medicines they received and also disposed of for people.

The registered manager assessed risks to people before they came to use the service. To do this they used information people provided themselves or from social services where they had a social services care package in place. The registered manager assessed risks to people's safety and developed management plans to reduce these risks, such as risks relating to medicines and any mental or physical health conditions. The registered manager reviewed risk assessments and management plans as soon as risks to people changed, and then at least annually ongoing.

Staff were recruited following robust procedures checking staff were suitable to work with people. The registered manager checked staff had the required competencies as part of the interview process. In addition they checked their work experience, including references from former employees, qualifications, criminal records, identification and proof of address. The registered manager kept the required documents on file as required by law.

A person told us there were enough staff and a relative confirmed this, telling us, "[Staff] are always reliable". Rotas showed staff were assigned to work with people at times agreed in their care plans. In addition there was a 24 hour on-call service which meant staff were always available on-site to respond to people's emergency care needs. The registered manager told us there was a staff vacancy but shifts were always filled as staff were happy to work overtime to cover them. Staff told us they were not under pressure and had plenty of time to provide care to carry out all the required tasks when caring for people, as well as to spend time chatting with people.

Is the service effective?

Our findings

The registered manager supported staff to develop the knowledge and skills required to meet people's needs through effective induction, training and supervision. New staff were required to complete the Care Certificate. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. It covers the basic range of topics all care workers should know as part of their role. New staff also shadowed experienced staff as part of learning the best ways to support the individuals receiving care.

A programme of training was in place and the registered manager kept staff training needs under constant review, and discussed training needs during staff supervision. Records showed most staff had completed the provider's mandatory training in the required timescales. After training days the registered manager met with staff to review their learning and check how useful the course had been to staff. The provider also supported staff to do further training such as diplomas in health and social care. The provider trained the registered manager with management courses developed by the organisation, such as 'managing staff for positive outcomes', disciplinary and grievance procedures and managing sickness.

The registered manager had a schedule in place to provide staff with supervision every two to three months. Staff told us supervision was useful as it was an opportunity to receive guidance and feedback on their performance and records of supervision reflected this.

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. The provider trained staff in the Mental Capacity Act (2005) as part of their induction and annually afterwards. The registered manager and staff had a good understanding of the MCA. Staff told us they always obtained consent from people before providing personal care.

The registered manager considered the support people required in relation to eating and drinking as part of their assessment of needs before people came to live at the service. However people did not require this type of support at the time of our inspection.

At the time of our inspection people did not require help with accessing healthcare services, such as GP, dentist and optician but the registered manager told us they would provide this type of assistance if required. Staff received training in understanding when people's health was declining and knew the action to take to ensure people received the right support.

Is the service caring?

Our findings

A relative told us, "They are very, very kind to [my family member]. They are very caring and concerned [about how we are]. They go beyond the call of duty." A person told us their usual care worker was, "...such fun, bright and cheerful. I look forward to her coming...she's lovely." The person and relative told us staff asked them when passing in the corridor if they were alright. If staff had not seen them during the day they would usually call them on the phone to see how they were. Staff spoke about people in a caring way and told us they enjoyed their work.

The registered manager checked staff supported people in a caring way when they carried out regular spot checks and observations. The registered manager also checked staff had a caring attitude towards people as part of the interview process.

The registered manager supported people to make decisions about their care and support. The registered manager met with people and their relatives before their care began to find out their preferences and how they wanted to be supported. This information formed part of their care plan. Care plans also set how staff should support people in ways which promoted their independence, based on people's feedback on their needs and abilities.

A relative told us, "Staff absolutely do understand [my family member]." A person using the service told us when their spouse also required support from the service, "...They were marvellous" and understood their needs very well. Staff rotas showed the registered manager assigned the same staff to support people on a regular basis for consistency. Our discussions with staff also showed they understood people's needs well, as well as their backgrounds and people who were important to them.

Staff respected people's privacy and dignity. The registered manager let people know in advance if they would be visiting outside the usual times, usually by calling them. Staff knocked on people's front doors and waited to be let in.

The registered manager provided people with information when they needed it to enable them to understand the service Yourlife (Wallington) offered. The registered manager gave people a guide when they began using the service. This included information about the service and options available to people.

Is the service responsive?

Our findings

A person told us they would "let [the registered manager] know if anything was amiss." A relative told us, "We've never had reason to complain, it's more the opposite!" The relative confirmed the provider had supplied them with a copy of the complaints policy. The complaints policy and procedure was also on display on the noticeboard for people to refer to. The complaints policy incorrectly indicated the CQC would investigate complaints when it is not within our regulatory remit to investigate complaints. This meant the complaints policy was incorrect and could cause confusion. The registered manager told us they would ensure it was updated as soon as possible so people and their relatives knew how to escalate their concerns if they were unhappy with how the provider managed their complaint.

A relative told us, "[Staff know] how to communicate with [my family member]. [My family member's care plan] is full of his history." The registered manager recorded information about people's backgrounds, preferences and those who were important to them in their care plans for staff to refer to. The registered manager gathered this information through meeting with people before they began providing care and asking them a series of questions to find out more about them. Care plans were 'person-centred', with the person at the centre of their care directing how their care should be provided. Staff followed people's care plans to ensure people receive care as planned for them.

The registered manager reviewed people's care plans every three months. This meant information about people remained current and reliable for staff to follow. People were involved in the process as the registered manager met with them and their relatives to discuss how their care was going and whether they required any changes to their care. The registered manager also consulted people regarding their satisfaction levels as part of the spot checks and observations they carried out of staff providing care to them.

A relative told us, "We go to the exercise group." People were supported to access activities provided on the premises. These included a current affairs discussion group, a classical music appreciation group and a knitting group set up by homeowners. The provider and housing management company organised regular exercise groups, cinema evenings, cheese and wine evenings and coffee mornings.

Is the service well-led?

Our findings

There was a registered manager at the service. 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. The registered manager's title was 'estate manager' and they were responsible for overseeing both the care and property management at this extra care scheme. A relative told us, "The registered manager is great, she is very, very concerned for [my family member] and me." A staff member told us, "[The registered manager] is fantastic!" Another staff member said, "If there are any issues [the registered manager] will help you as much as she can." Our discussions with the manager and our inspection findings showed the registered manager and staff had a good understanding of their role and responsibilities.

The provider had various ways of assessing, monitoring and improving the service. The registered manager reviewed accidents and incidents, complaints and staff training needs each month, identifying any patterns and checking people received appropriate support. They submitted key information regarding their findings to the provider each month. The registered manager audited staff recruitment files to ensure they contained documents required by law and carried out spot checks to confirm care workers were caring for people appropriately. The area manager visited once a month and carried out audits of the service in line with the regulations CQC inspect against. Our inspection findings indicated these audits were effective in ensuring the service ran smoothly and efficiently.

The registered manager encouraged open communication with people and staff, encouraging their feedback. They frequently called and visited people using the service to check they were satisfied with their care. Staff told us the registered manager was approachable and always took on board any feedback they gave. Staff also able to discuss and issues and offer feedback on the service during formal supervision sessions with the registered manager and during staff meetings which took place every eight weeks. The registered manager received peer support from other registered managers in the organisation at managers meetings held every six month. They told us they used this opportunity to exchange ideas with other managers and share best practice.

The service was meeting their registration requirement to send notifications to the CQC of incidents.