# Yourlife Management Services Limited

# YourLife (Littlehampton)

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 15 March 2016 and was announced.

YourLife (Littlehampton) provides personal care to older persons in a setting called 'assisted living' where people have their own privately owned apartment in a purpose built development. The assisted living scheme also had communal areas such as a lounge and restaurant which people could use. At the time of the inspection 13 people received personal care from the service. YourLife (Littlehampton) also provided and facilitated activities for people. People were also able to purchase other services which were not personal care such as meals in the restaurant which was not provided by YourLife (Littlehampton)

The service had 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.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said the staff provided safe care.

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to mitigate any risk of harm.

Sufficient numbers of staff were provided so people's care needs were safely met. Care was provided to people on an individualised appointment basis and people could also access support over a 24 hour period by using the call point system in their apartments. Whilst there were checks on the suitability of each staff to work with people we found these were sometimes completed after staff started work.

People received their medicines safely.

Staff were well trained and supervised and had access to a range of relevant training courses, including nationally recognised qualifications.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005. The service had policies and procedures regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's consent to care was sought. None of the people who received personal care lacked capacity to agree to their care and treatment.

People were supported with the preparation of meals where this was needed. People also made use of the restaurant where they could purchase a three course lunch each day.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment

were made when needed.

Staff had positive working relationships with people. Staff acknowledged people's rights to privacy and choice. Staff were observed to treat people with kindness and respect.

Care was provided to people based on their individual needs which we call person centred care. People's preferences and individual needs were acknowledged in the assessment of their needs and in how care was provided. Care plans gave clear details of the support each person needed which also reflected the way people preferred to be helped.

People had opportunities to socialise in the lounge and restaurant and organised their own social events and outings.

The service had a complaints procedure, which people said they were aware of.

People and their relatives' views were sought as part of the service's quality assurance process. The service promoted people to take part in decision making.

There were a number of systems for checking the safety and effectiveness of the service such as regular audits.

## 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 service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Staffing was provided to meet people's assessed needs. Staff recruitment procedures did not always ensure people were fully protected.

People received their medicines safely.

### Is the service effective?

Good

The service was effective.

Staff were trained in a number of relevant areas and had access to nationally recognised qualifications in care. Staff were supported by regular supervision.

People consent was obtained before staff provided care. The service had policies and procedures regarding the Mental Capacity Act 2005. Not all staff had received training in the MCA but this was included in the forthcoming staff training plan.

People were supported with eating and drinking where this was needed.

Health care needs were monitored and staff contacted health care services on behalf of people if this was needed.

### Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respect. Staff had good working relationships with people.

Care was personalised to meet needs and to suit people's personal preferences. People were supported to maintain their independence.

People's privacy was promoted in the way they were treated by staff.

## Is the service responsive?

Good

The service was responsive.

People were involved in assessments of their needs. Care plans were individualised and reflected people's preferences.

The 'assisted living' scheme gave people opportunities to socialise with others and to take part in and plan activities of their choice.

The service had a complaints procedure and people knew what to do if they wished to raise a concern.

## Is the service well-led?

Good

The service was well-led.

The service sought the views of people as part of its quality assurance process. There were arrangements which empowered people to make decisions about their daily lives and in how the service ran.

The management of the service was open to suggestions from people and staff about how the service could improve.

There were a number of systems for checking and auditing the safety and quality of the service.

# YourLife (Littlehampton)

**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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 March 2016 and was announced. We gave the provider 48 hours' notice of the inspection because it provided personal care to people in their own homes so we needed to be sure the registered manager or staff were in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

The inspection was carried out by one inspector.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for four people. We looked at supervision, training and recruitment records for staff and spoke with five staff. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, records, quality audits and policies and procedures.

We spoke with four people who received a service from YourLife (Littlehampton) to ask them their views of the service they received. We spent time observing staff supporting people which included one staff member assisting someone with their medicines.

The service was last inspected on 16 October 2013 when no concerns were identified.

Good

# Is the service safe?

## Our findings

People said they felt safe at the service and that care was provided safely. Each apartment had a call point which people could activate to request immediate assistance from staff. People told us staff attended to their care needs at the agreed times, that staff were available over a 24 hour period and always arrived promptly when they used the call point to ask for assistance. We also saw people wore a pendant alarm whereby they could ask for immediate help; people said staff responded whenever they used this.

The service had policies and procedures regarding the safeguarding of people which included the local authority guidance. A flow chart displayed in the registered manager's office showed the process for reporting any safeguarding concerns and the procedures if the local authority requested the provider to investigate any safeguarding concerns. Staff were aware of their responsibilities to report any concerns of a safeguarding nature to their manager and knew they could also make contact with the regional manager or local authority if they felt the concern was not acted on. Training was provided for staff in safeguarding procedures and records were maintained of this. Staff confirmed they received training in safeguarding procedures and that this was included in their induction when they first started work.

Each person's care records included details about any risks to people and the measures which needed to be taken to minimise these. For example, one person's care plan included a risk assessment regarding the support someone needed to have a shower safely. The risk assessment included details about the likelihood of any accident and gave a score of the level of risk. There were corresponding details of how the risks were mitigated called 'risk control measures' with information about how staff should keep people safe. Risks were also assessed regarding the moving and handling of people along with details of the equipment staff should use to safely transfer people. Records showed any accidents to people, such as a falls, were looked into and further measures put in place to prevent further incidents.

Sufficient numbers of staff were provided by the service to meet people's needs. People said staff always provided care at times agreed with them. One person said they liked staff to arrive at a fixed time which was what happened whereas others said they preferred their care appointments to be flexible. Details of the agreed schedule of when staff should provide care to people were recorded in each person's care plan. Records were made each time staff provided care and showed care was provided as in the care plan. Staff told us there were enough staff so that people received care at the agreed times. Staffing arrangements were detailed on a staff duty roster so staff knew what times they would be supporting people.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. We looked at the recruitment procedures and records for four staff recruited to work at the service in the six months preceding the inspection. We noted two of these staff had started work before an Adult First check or a full DBS check was obtained. Three of the staff had also started work before two references were obtained. This was discussed with the staff member with responsibility for carrying out these checks. Whilst DBS checks for the staff members were obtained we stressed the importance of following the Registration under the Health and Social Care Act 2008 Disclosure and Barring

Service (DBS) checks guidance that staff must only start work after a DBS has been applied for and an Adults First check obtained, after which the staff member must work in a supervised capacity until the DBS is returned. The provider told us how newly appointed staff worked in a limited capacity and did not provide personal care at the service whilst these checks were carried out.

People were supported with their medicines based on their abilities and preferences, which was recorded in their care plan. Risk assessments were carried out regarding medicines procedures for each person. Some people were able to handle their medicines independently and others were assisted by staff. We observed one staff member administering medicines to one person. This was done at the prescribed time. The staff member checked the medicine records to ensure the correct medicine was administered. The person was handed their medicine in a plastic pot and was given a glass of water to swallow the medicine. The staff member checked the person was feeling alright and then recorded their signature on the medicine record to show the person had taken it. People told us they were satisfied with the support they received with their medicine.

The service had policies and procedures regarding the handling, administration and disposal of medicines. Staff were trained in the safe handling of medicines which included observation and assessment of their competency before being permitted to do this independently.

Weekly audits of medicines procedures for each person were carried out and recorded so the provider could check people received their medicines safely. The service had a policy for dealing with any errors which might occur with the handling of medicines.

Good

# Is the service effective?

## Our findings

People said they received help from staff who had the right skills and were well trained. Staff sought people's agreement before they provided support and people said their care needs were discussed and agreed with them. There was a restaurant on the ground floor, which was not provided by YourLife (Littlehampton), where people could have a midday meal, which they said gave them a chance to socialise with others and that the food was of a good standard. People said they were helped with food at other times such as at breakfast and in the evenings. Support was given to people regarding their health care needs and people said staff made arrangements for any health care support when this was needed.

The provider ensured staff had access to a range of relevant training courses and that staff performed to a good standard. Newly appointed staff received an induction to prepare them for their role, which was based on the nationally recognised Skills for Care Common Induction Standards and the Care Certificate. The induction included a period of 'shadowing' more experienced staff. Checks were made periodically during the induction of newly appointed staff before they were deemed competent to work without supervision. Staff confirmed their induction included a period of 'shadowing' experienced staff and enrolment on the Care Certificate which is a nationally recognised system for training care staff. Staff felt supported during their induction and said they were able to say if they needed further training.

There was training plan for the staff and a record was maintained of the training each staff member completed on an annual basis and every three years. The annual training included health and safety, fire safety, moving and handling, medicines management and infection control. Three yearly training included food hygiene and first aid. Additional training courses were provided for staff in end of life care, equality and diversity, dementia and the management of diabetes. Staff had access to nationally recognised qualifications in care such as the National Vocational Qualification (NVQ) and the Diploma in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Thirteen of the 18 care staff were qualified at NVQ level 2 and five of these also had a NVQ level 3; three further staff were studying NVQ level 3. The registered manager was qualified at NVQ level 4 in management in care and had completed several courses which qualified her to train staff in the prevention of infectious disease, the safe management of medicines and supporting people with dementia. Staff described the standard and range of training courses as of a good.

Records showed staff received regular supervision and appraisal of their work. Staff confirmed they received one to one supervision with their line manager on a regular basis as well as observations of their work with people. Staff felt supported in their work and commented that there was a culture whereby they could ask for additional support or training without feeling their competency was criticised by their manager. Staff said they had a personal development plan and were able to suggest training courses they would like to attend. Staff were motivated in their work and expressed an eagerness to learn and improve their knowledge and skills.

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.

Not all staff were trained in the MCA but the service had provisional dates to ensure they would compete this training in June 2016. Staff knew of the importance of gaining people's consent before providing care. People said they were involved in any decisions about their care and we saw this was recorded in people's care plans. The provider confirmed that each person who received personal care had capacity to consent to their care and treatment. The service had policies and procedures regarding the MCA with guidance of what to do if someone did not have capacity to consent to their care and treatment.

Where applicable people's care records included details about any dietary needs and where people were supported with food there was clear guidance of how staff supported them, such as preparing meals. People had access to a restaurant on the ground floor of the complex, where they could purchase a three course lunch. There was a menu plan and people had a choice of food which they descried as "very good."

Care records showed people's health care needs were monitored and referrals made for specialist support and treatment were necessary. The provider described how staff worked alongside health care professionals to ensure people got the right care. People confirmed the staff were attentive to their health care and would contact medical services on their behalf.

Good

# Is the service caring?

## Our findings

People described the staff as kind and caring. For example, one person said, "The staff do it very well and are very nice." Other comments included: "The girls are extremely kind," and, "They treat me with respect and happiness. They are always smiling people when you meet them."

People said they were addressed by their preferred name and records showed where a person had complained about being called by a term of endearment that this was addressed with the staff member.

Staff had a good knowledge of people's needs, family life and background. Care records included details about people's relationships, what was important to them, their family relationships and any goals they wished to achieve. People said how they were able to choose how they were to be supported and that care routines reflected their preferences. They also said their views were sought and they were listened to. Care plans were personalised and showed in great detail that people's preferences were acknowledged in how they were supported. The care plans also contained details about those tasks people could do, or preferred to do themselves so they could maintain their independence. Support and care was therefore bespoke to what people needed and preferred.

The service made commitments in a service user guide which was supplied to people regarding its philosophy of valuing people and supporting people to develop, as well as promoting privacy and dignity. This information was also displayed on a notice board at the service. This philosophy was reflected in the way staff were observed to talk to people. Staff spoke to people with respect and kindness. We observed staff took time to talk to people by engaging them in conversation. Staff had good working relationships with people. We observed people approached staff, whether care staff, administrative or catering staff, for a friendly chat. Staff also demonstrated a caring attitude and said how they supported people to develop and maintain their independence and to meet the needs of each person. Staff were aware of the need to provide people with privacy when supporting them which was also emphasised in people's care plans. The service was able to monitor the way staff interacted with people via the observations of staff which was part of the staff supervision system.

The provider took steps to provide people with the information they needed. For example, the service user guide was provided to people and was available in braille if requested. Care plans were provided to people and were held in people's apartments. People said they knew what was in their care plan and that they had opportunities to discuss and agree its contents.

Good

# Is the service responsive?

## Our findings

People told us they were involved and consulted in the initial enquiry and assessment of their needs before they decided to receive a service from YourLife (Littlehampton). People were satisfied with their care arrangements, which they said were reliable and could be changed to suit their wishes. For example, people said they received help with personal care, such as getting up in the morning and having a bath or shower as well as housework.

We observed people meeting and socialising with others in the communal lounge and the dining room. People said these areas allowed them to meet, socialise and to take part in activities together. For example, one person said how exercise activities took place in the lounge and that they were involved in a committee with other people where they discussed and arranged outings. Records of these meetings showed people had arranged various activities such as outings and a knitting group. There was a notice board in the hallway of the assisted living scheme with details of forthcoming activities people could take part in.

Care records included an initial assessment of people's needs which we found to be comprehensive covering areas such as finances, personal care, dietary needs, communication and accessing the community. This was used to devise a care plan with details of the support people were to be provided with. These were found to give staff full descriptions of how to support people. For example, one person's care plan regarding their night time routine when going to bed was of a good standard with comprehensive details about specific preferences such as whether the person preferred the light left on, what the person wore, the availability of the person's reading glasses and if handkerchiefs and tissues needed to be placed near the person's bedside. Care plans were reviewed and updated so people's changing needs were responded to. People said they were involved in their own care reviews so they could say what care and support they needed.

Staff made a record each time they provided care to someone so any changing care needs could be monitored.

People said they knew what to do if they were not satisfied with the service they received. The provider's survey of people's views about the service showed people were aware of how they could make a complaint if they needed to. The complaints procedure was displayed in the assisted living scheme communal area and was also in the service user guide supplied to people. The provider stated there had been no complaints about the service.

Good

# Is the service well-led?

## Our findings

The service empowered people to contribute to decision making and to give their views about the service. For example, people said they attended meetings where they could discuss issues about events and activities. Staff said these meetings were an informal social event and were sometimes referred to as 'coffee mornings' to encourage people to attend. People also said they were asked to give their views about the service by survey questionnaires and at their care reviews. Where people raised areas they were dissatisfied with there was a record to show how it was addressed.

The service's management were open and transparent and encouraged people to give feedback on the standards of care. The provider's surveys of people views showed satisfaction of the standard of care provided and that any issues raised by people were acted on. The service's values and philosophy were displayed in the communal areas frequented by people and visitors. There were also notices to say people could make comments, complaints or suggestions about the service they received. We saw records of people complimenting the service about the social events and care standards.

Checks were made that staff promoted the values of the provider by direct observation and assessment and by asking people directly. Staff said they were able to discuss and raise any issues they had at either their supervision or at the staff meetings and said their views were listened to. The registered manager confirmed she operated an 'open door' policy whereby staff were encouraged to raise any concerns with her. Regular monthly management meetings took place and records of these showed how plans were made for the service and issues tackled.

The registered manager and provider used a number of audits and checks to monitor standards and to make improvements where these were needed. The audits included medicines management and staff records. A bimonthly area manager's audit covered checks on care records, meetings of people called 'residents' meetings,' and, staff arrangements. These gave a percentage score of how the areas audited were being met. For example, for the period October to December 2015 the audit of the involvement and information for people had scored 100 % and the audit of the suitability of staffing 91%. The audits were comprehensive but had not resulted in action to ensure staff recruitment procedures were fully safe. A further annual compliance audit was carried out which covered a number of areas such as staffing, management and health and safety. Staff training was monitored and planned to ensure staff had the right skills. There were policies and procedures regarding the review of people's care when there was an accident or an error in the management of medicines.