

# Yourlife Management Services Limited

## Your Life (Potters Bar)

### Inspection report

Mandeville Court  
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Potters Bar  
Hertfordshire  
EN6 1BZ

Tel: 01707651974

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection took place on 30 May 2017. We gave the provider 48 hours' notice of our inspection to make sure that the appropriate people were present.

Your Life (Potters Bar) operates a supported living scheme in a modern and purpose built private development in Potters Bar. The property consists of 53 flats privately owned and occupied by older people who also share some communal areas and facilities including dining rooms, lounges and gardens. At the time of our inspection six people who lived at Mandeville Court received the regulated activity personal care.

There was a manager in post who had registered with the CQC. 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.

This was the first inspection of this service since initial registration with CQC on 31 July 2015.

People told us they felt safe and well supported by the staff who provided their care. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. Robust recruitment practices were followed to help ensure that staff were suitable for the role performed. There were sufficient numbers of staff available to meet people's agreed care and support needs at the time they preferred. Staff were trained to help and support people take medicines safely where appropriate.

People were positive about the skills, experience and abilities of the staff team who provided their care and support. Staff received training relevant to their roles and were routinely supervised by their line management. People were supported to maintain good health in a way that took account of their needs and personal circumstances.

Staff had developed positive and caring relationships with the people they supported and clearly knew them very well. People were provided with care and support in accordance with their individual preferences and with their consent. People were actively involved in the planning, delivery and reviews of the care and support they received. Personal and private information held about people's medical and personal histories was securely maintained.

People's support was provided in a way that promoted their dignity and respected their privacy. People had the opportunity to take part in a wide range of activities if they chose to do so. People knew how to make a complaint but told us they had rarely had cause to do so.

People who used the service and the staff team were complimentary about the registered manager and how the service was operated. Effective arrangements were in place to monitor risks and the quality of services

provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's safety was promoted by staff trained to recognise and respond effectively to the risks of abuse.

Safe and robust recruitment practices were followed to help ensure that staff were suitable for their roles.

People's care and support needs were met in a timely way by sufficient numbers of staff.

People were supported with their medicines in a safe way when necessary.

Potential risks to people's health and well-being were identified and managed effectively.

### Is the service effective?

Good ●

The service was effective.

People's care and support was provided in accordance with their wishes and consent.

People's care and support needs were met in a timely way by staff that were trained and supported.

People were supported to have their day to day health needs met where required.

### Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by a small team of staff who knew them well.

People were involved in the planning of the support provided to them and in reviews of the services provided.

Care was provided in a way that promoted people's dignity and

respected their privacy at all times.

People's personal information was securely maintained and confidentiality was respected.

### **Is the service responsive?**

The service was responsive.

People received personalised care and support.

People were provided with opportunities to take part in a variety of social interests and activities.

People knew how raise a complaint and were confident that any concerns would be dealt promptly.

**Good** ●

### **Is the service well-led?**

The service was well led.

People who used the service and the staff team were positive about the registered manager and how the service operated.

Effective systems were in place to quality assure the services provided and manage risks.

Staff understood their roles and responsibilities and felt well supported.

**Good** ●

# Your Life (Potters Bar)

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 30 May 2017 by one Inspector and was announced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. In addition to this, we also reviewed all other information we held about the service.

During the inspection we spoke with two people who received support, two relatives, a person who had previously received care and support, four staff members and the registered manager. We looked at support plans relating to two people who used the service and two staff files.

# Is the service safe?

## Our findings

People told us they felt safe and well supported by staff who knew their personal care needs. One person commented, "Yes I do feel very safe here, it is great care." Another person said, "I feel very safe here. For example, they stay with me in the shower room to help make sure I am not going to fall."

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. Staff members we spoke with demonstrated an understanding about how to raise concerns and report potential abuse both within the organisation and externally. Information and guidance about how to recognise the signs of potential abuse and report concerns together with contact numbers for the relevant local safeguarding authority was clearly displayed in the staff room and the registered manager's office. A staff member told us, "The safeguarding training we get is good and we often discuss safeguarding at meetings too."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed to take account of people's changing needs and personal circumstances whilst maximising their independence. This included in areas such as mobility, medicines, the environment and physical health. The ethos of the organisation was that risks were managed positively so that people were supported to live as independently as possible. An entry in one person's care stated, "I would like to remain in my own home and live as independently as possible."

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff members and found that all the required documentation was in place including written references and criminal record checks. A person who used the service told us, "Whoever has employed the staff has done a good job because they are all wonderful."

The registered manager, the staff team and people who used the service all told us that there were enough staff available to meet people's agreed care and support needs safely and in a timely manner. A person who used the service told us, "The carers are always on time, if they do have any last minute staff shortage the duty manager will come to help me." A staff member commented, "We are such a close team, we cover for each other if needed, we are never short staffed." Another staff member said, "We have enough staff, no-one has to wait for their care."

Staff were not required to support people with their medicines as a matter of course; this was support that was provided purely in response to individual need. However, staff were trained and kept updated about how to provide people safe support with medicines if their circumstances changed and if the need arose. For example, staff noticed that one person was not taking their medicines as prescribed and this was having a negative effect on their well-being. In discussion with the person, their relative and the GP the decision was reached for staff to administer the person's medicines in order to promote their health and well-being.

At the time of this inspection staff administered medicines for one person, prompted another to take their

medicines independently and helped a further person by applying a prescribed cream. Detailed guidance was available about the medicines people were prescribed, what they were for and information regarding potential side effects. We noted that people's medicines were audited regularly to confirm that people had received their medicines as prescribed.

Staff completed regular health and safety checks to help ensure people were cared for in a safe environment. For example, daily checks throughout the home were completed to help keep people safe. These included security checks, staff spot checks and observations, weekly fire alarm testing and health and safety checks were completed and documented.

## Is the service effective?

### Our findings

People who used the service were positive and complimentary about the skills, experience and abilities of the staff who provided care and support. One person told us, "The staff team have been developed well; they definitely have the skills needed." A person's relative said, "My opinion of the staff is that they are an excellent team supported by a first class [registered] manager."

New staff were required to complete an induction programme as part of a probationary period. Staff received training and refresher updates relevant to their roles and had their competencies observed and assessed in the work place. The training provided to all staff, a mixture of classroom based and e-learning, included topics such as the Mental Capacity Act 2005, safeguarding, health and safety, infection control and moving and handling. All staff members we spoke with told us that they had regular training and that this helped them to feel confident in their role.

The registered manager explained that there were designated staff 'champions' in key areas such as dementia. This meant that some staff members would be selected to receive additional training and development in order to 'champion' and lead on specific subjects for the benefit of both colleagues and people who used the service.

Staff felt well supported by the registered manager and had frequent opportunities to discuss issues that were important to them, both work related and personal. Staff told us of regular one to one supervisions and also said they could talk with the registered manager at any time. One staff member said, "Anytime we need to talk with [registered manager] he is always available for us as well as the home owners."

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 that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. People we spoke with were comfortable that the care they received was delivered with their consent and agreement. One person told us, "Oh yes, they always do as I ask, I can't imagine how it would work any other way." A staff member said that people directed their own care and if anyone refused to have the agreed care delivered then their decision would be respected.

Staff were not responsible for supporting people with their day to day diet, meal preparation or menu choices. However, there was a communal dining facility where people could pre-order from a choice of meals and take these either in the dining room or have them delivered to their own apartments.

We saw that where required professionals were involved to support people's health needs. For example, one

person had experienced confusion and disorientation which had been noted by staff and reported to the management team. The registered manager liaised with the person, their relatives and the GP and a decision was reached to introduce some short visits by staff to help ensure the person's medication regime was stable. The outcome of this was that the person's level of confusion had reduced.

## Is the service caring?

### Our findings

People told us that they were supported in a kind and compassionate way by staff who were knowledgeable about their care needs. One person who used the service told us, "The girls are excellent, I was a bit apprehensive as I have always cared for myself but they have supported me to regain my independence and now I no longer need their help." Another person said, "The staff are friends really not just carers."

A staff member commented, "All the staff team are really good, it is a great team, I haven't a bad word to say about it. We try and support people to be as independent as possible whilst providing the care and support they need."

Staff were calm and gentle in their approach towards people. One person told us, "They always ask me how I am and if I have had a good night."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. One person said, "There is a small team of carers which means I always know the person who is helping me with my shower." Another person told us, "I have the same carers, I know them all by name. This really helps to maintain my dignity." A staff member told us, "It is really lovely that everyone feels so comfortable. The people we support are like part of my family, it is such a nice thing."

People who received support, and where appropriate their family members, had been fully involved in the planning, reviews and delivery of the care and support provided. People's involvement in planning the care they received was clearly reflected in their individual plans of care.

Confidentiality was well maintained at the service which meant that information held about people's support needs and medical histories was kept secure at all times. All staff we spoke with were very clear about their responsibilities in relation to confidentiality. People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs and took full account of their personal circumstances. One person told us, "They [staff] provide any additional help I need but also maintain my independence as much as possible." Another person told us that the care they received was flexible around their needs. They said, "They [staff] have asked me if I wanted my care calls longer or shorter, I am sure they would accommodate any changes I requested."

Staff had access to detailed information and guidance about how to support people in accordance with their individual preferences and needs. For example, one care plan we viewed stated, "I will be up and out of bed when the carer arrives and enjoying my breakfast. I would like the carer to wait for me to finish my breakfast and offer me support if required. After breakfast the carer is to support me to shower and to get dressed. I am able to stand unaided but may need verbal prompt from the carer." The care plan then went on to detail how any physical support should be provided to support the person in the shower. When we spoke with the person who used the service and the staff team they were able to confirm that the care plan accurately reflected the care the person needed and received.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend care plan review meetings where appropriate and with consent of the person receiving support.

Opportunities were available for people to take part in activities and pursue social interests, both in their home and in the local community. There was a social committee run by people who used the service, we saw information displayed and people told us about events including cheese and wine evenings, movie nights, bridge club, keep fit sessions, quiz nights and BBQs.

People who used the service were consulted and updated about the care and other services provided and were encouraged to have their say. People told us that they felt listened to and told us that the registered manager was always quick to respond to any issues raised in a prompt and positive way. A relative of a person who used the service told us, "We have regular meetings with the management to sort out any issues and we can see [registered manager] at any time we need."

We saw records of meetings held at Mandeville Court. We noted that the agenda was varied and included such topics as the catering provision, fire drills and evacuation procedures, gardening and maintenance matters and social activities.

There was a complaints and compliments procedure in place and information about how to use it was prominently displayed. People told us they knew how to make a complaint but had never had the need to raise any concerns as most issues were dealt with directly with the registered manager or at home owner meetings.

## Is the service well-led?

### Our findings

People who used the service and their relatives were positive about how it was led and managed. They praised the registered manager in particular who they described as being approachable and supportive. One person told us, "[Registered manager] runs it very well indeed, he is really very good." Another person said, "It is really very well run." A relative of a person who used the service told us, "The [registered] manager is first class."

The staff team said that the registered manager was very approachable and they felt that they worked for a good service. One staff member said, "It is a very nice company, everyone gets on with everyone else, I would highly recommend it." Another staff member said, "It's a lovely place to work and a great company to work for." A further staff member said, "It is managed very well, I think it is a good place for people to live and for staff to work."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

It was clear that people who used the service found the registered manager to be approachable. During the course of this inspection we noted a person approach the registered manager to ask advice about which headphones would suit their needs best and where they could go to purchase these items. The registered manager pointed the person in the right direction to find the information they needed and the person was clearly satisfied with the response they had received.

The registered manager told us they were well supported by the provider in terms of how the service operated, resources and staff development. There were regular management meetings held between the registered manager and their line manager to discuss such issues as the performance of the service and any matters arising.

There were systems in place to monitor risks and obtain people's views about the quality of services provided. We looked at a random selection of the feedback received from people who used the service and noted that it was very positive.

The registered manager regularly checked and audited key aspects of the service, for example in relation to infection control and cleanliness and health and safety issues. Visits and checks of the service were carried out on a regular basis by a senior representative of the provider in areas such as complaints, care planning and record keeping, safeguarding, medicines and staffing matters. We saw that any issues identified, both positive and negative, were recorded, shared and, where necessary, addressed in a prompt and positive way. This showed us that the registered manager and provider were committed to providing a safe service.

Satisfaction surveys were distributed a minimum of twice yearly to people who used the service as part of

the provider's quality assurance processes. Feedback from the completed surveys was discussed at meetings with people who used the service and used to bring about improvements. This showed that people and their relatives were able to positively influence the service provided.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.