

Yourlife Management Services Limited

Your Life (Newport)

Inspection report

Somers Brook Court
Foxes Road
Newport
Isle Of Wight
PO30 5UN

Tel: 01983524537

Date of inspection visit:
16 February 2017

Date of publication:
23 March 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

The inspection was carried out on the 16 February 2017. Twenty four hours' notice of the inspection was given to ensure that the people we needed to speak to were available. Your Life (Newport) is owned by Yourlife Management Services Limited. It provides personal care to older adults with varying levels of physical disability living within an assisted living development. At the time of our inspection nine people were receiving care from Your Life (Newport).

At the last inspection on 26 & 27 February 2015, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in place at the development. 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.

People told us that they were confident that the care provided kept them safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

Risks to people and the environment had been assessed and appropriate risk assessments were in place to minimise risks. Staff were knowledgeable about people's individual risks and the steps required to keep people safe.

There were sufficient numbers of staff on duty to support people with their assessed needs and provide care to people in a relaxed and unhurried manner.

There were safe and robust recruitment procedures in place. Staff were appropriately trained to meet the needs of the people using the service. Staff were supervised in their roles and received an annual appraisal to aid their personal development.

There were suitable systems in place to ensure the safe administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff sought people's consent before providing care and understood the need to follow legislation designed to protect people's rights.

People were treated in a caring and kind way and with dignity and respect. Staff understood the importance of respecting people's choice and supporting people to remain independent. People's communication needs were considered and care plans contained detailed information on how best to communicate with

people.

Care plans were individualised and person centred. Plans were reviewed regularly to ensure planned care was current and up to date. People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs.

People told us they felt the home was well-led and were positive about the registered manager who understood their role and responsibilities. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

Your Life (Newport)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 February 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection, we asked the provider to complete 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 improvements they plan to make. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we visited and spoke with six people who used the service and with one family member. We spoke with the registered manager, four staff members and a social care professional. We looked at care records for five people who use the service. We also reviewed records about how the service was managed, including staff training and recruitment records.

The service was last inspected in February 2015, where we identified no concerns.

Is the service safe?

Our findings

People told us that they were confident that the care provided kept them safe. One person said, "One of the things I do feel is completely safe with the care staff". Another person told us, "Care is done carefully; they [staff] don't rush me". A family member said, "They [staff] put us at ease".

Staff understood their safeguarding responsibilities. A safeguarding policy was in place and staff were required to complete safeguarding training as part of their induction. This training was refreshed yearly. Care staff were knowledgeable in recognising signs of potential abuse and understood the relevant reporting procedures. One staff member said, "If I had any concerns I would report these to the manager". Another staff member told us, "I would record and report my concerns to the manager or go directly to the local safeguarding team, CQC or police if I needed to".

Risks to people and the environment had been assessed and appropriate risk assessments were in place to minimise risks. These gave staff clear guidance about how to reduce risks to people and themselves. People had risk assessments in place in relation to; medicines, moving and handling, mobility, use of equipment and the environment. Staff were knowledgeable about people's individual risks and the steps required to keep people safe. One staff member said, "When someone is at risk of falling I would check for tripping hazards and ensure their floor is clear".

People told us there was sufficient staff to meet their needs. Comments included, "They are always on time", "I am never rushed, they [staff] will always check I have everything I need" and "They [staff] will stay with me longer if I needed them to". Staff told us the time allowed for each visit was sufficient to complete all of the care and support tasks required. The registered manager told us that staffing levels were determined by the number of people using the service and always considered their care needs. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime, the use of relief staff and additional support from the registered or duty managers.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service.

There were safe medicine administration systems in place and people told us they received their medicine safely and as prescribed. People's comments included, "They [staff] help me with my medicine, they know what they are doing" and "I always get my medicine when I need it". During two home visits, a member of staff was observed administering medicine to a person who was unable to do this themselves. Thorough checks were completed by the staff member to ensure that the medicine was being given as prescribed. Medicines within people's homes were stored safely.

Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicine were required to initial the MAR chart to confirm the person had received their medicine.

Staff who administered medicines had completed medicine administration training and were observed to administer medicine by the registered manager four times before being deemed as competent to safely administer medicines independently. Staff competency was then reviewed annually by the registered manager.

The service had a business continuity plan in place in case of emergencies. This covered eventualities that could affect the running of the service such as, flooding and adverse weather conditions. It included procedures to follow and emergency contact details for key staff. For example, in severe weather staff living in close proximity to the complex may be called into work at short notice. This would mean that in the event of severe weather people and staff would not be placed at unnecessary risk.

Is the service effective?

Our findings

People who used the service told us they were happy with the care and support they received. People's comments included, "I am pleased to be here", "The staff and the service is very good" and "Its lovely, I have never had any trouble". A family member said, "Staff get on with things, we are very impressed".

Staff understood the Mental Capacity Act 2005 (MCA) and how this affected the care they provided. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff were able to describe the principles of the MCA and the process to follow if they were concerned a person was making decisions that were unsafe. One staff member said, "I would never presume someone couldn't make a decision for themselves". People's abilities to make decisions were clearly recorded in their care plans.

People said they were always asked for their consent before care was provided. One person said, "The staff know what I want, but will still always check and ask me first". Another person told us, "They [staff] always knock and ask permission before coming into my home". During home visits we saw staff gain verbal consent from people before accessing areas of their home or completing tasks. One staff member said, "I would always ask them [people] how they what things done and what they would like me to do". People's care and support plans included consent forms which had been signed by the person or their legal representative where appropriate. These care plans had been developed and approved jointly with the person receiving care which demonstrated that people were fully involved in care planning.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. All inductions included a period of shadowing an experienced staff member, completion of an induction workbook and mandatory training, which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. All staff confirmed they had received an induction in line with the provider's policy.

People were confident in the staff's abilities to meet their needs. People's comments included, "They [staff] are well trained and very experienced", "The staff know what they are doing", "Very well chosen staff, they are well trained" and "All the staff are very capable". The registered manager had a system in place to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, fire safety, infection control and first aid. On reviewing these training records all staff training was up to date. Staff confirmed that they had access to further training, on going updates and development opportunities, such as being supported to gain an additional health and social care qualification. Staff understood the training they had received and how to apply it. For example, they explained how they would support a person to mobilise, manage medicines safety, effectively communicate with people and support people to be independent.

Staff received supervisions (one to one meetings) every two months and yearly appraisals from the registered manager. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support and identify learning opportunities. Staff confirmed that supervisions were carried out regularly and that they felt well supported by the registered manager. One staff member told us, "I have supervisions, but can approach the manager whenever I need to".

Staff knew people's health needs and described how to meet them effectively. Where people required health care this was arranged in a timely manner. Staff supported people to access healthcare professional's when required. People were also supported to access additional services if needed, including opticians, chiropodists and dentists.

None of the people using the service required assistance to eat their meals. Care staff involved in the preparation of food had completed appropriate training. Where care staff were responsible for preparing meals, they encouraged people to maintain a diet in line with their needs and their preferences. During one home visit a member of staff was preparing breakfast for a person and choice was offered. One person told us, "The staff are good with my diet and know what I can't eat".

Is the service caring?

Our findings

People told us that staff treated them in a caring and kind way. Comments from people included, "All the carers are very pleasant indeed", "The [staff] are marvellous, couldn't be better", "I get a good standard of care" and "All the staff are very nice and we can have a laugh together".

People were cared for with dignity and respect. A person told us, "The staff are very respectful". During home visits staff were seen to respect people's personal space, their wishes and views. Staff attended to people in an unhurried way and gave the person control over their care by taking instruction from the person. One person said, "They [staff] will always listen to what I want and need".

Staff understood the importance of respecting people's choice. They spoke with us about how they cared for people and we observed that people were offered choices in what they preferred to eat and how they wanted to receive their care. A person said, "They [staff] will always give me a choice". A staff member said, "I always ask the person how they what things done, it promotes their confidence and shows them they are in control".

People's privacy was respected at all times. Staff told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed and keeping people covered up as much as possible during personal care. One person said, "I never feel embarrassed during care, the staff maintain my privacy and respect me. I am very comfortable". Other people confirmed that staff maintained their privacy.

During home visits we observed staff communicating with people in a caring manner. People's communication needs were considered and care plans contained detailed information on how best to communicate with people. Where required people's care plans were written in a way that encouraged people to be involved. For example, where people had impaired vision, care plans were written in large font.

Staff supported people to remain independent. A staff member told us they, "I would always talk to the person about the care they need". Another member of staff said, "I encouraged people to do things themselves". People's care plans detailed what people could do for themselves and how staff could promote their independence. One care plan said, '[The person] requires assistance to wash their back, legs and feet'.

Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer was also secure and password protected.

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs and that staff were adaptable if their needs changed. People's comments included, "The staff would stay longer if I needed them", "When I was feeling unwell the staff called the doctor for me and stayed with me" and "The staff are very flexible and are accommodating around any appointments I have". There is a duty manager on site 24 hours a day which people can access in an emergency. One person said, "When I wasn't well, they [staff] came straight away". Another person told us, "They [staff] responded to my needs quickly when I needed them".

People received individualised care and support. Care plans reflected people's individual needs and were not task focussed. Care plans contained detailed information about people's preferences, medical conditions and life history to assist staff in understanding their background and what might be important to them. During home visits staff clearly demonstrated they knew the people they were caring for well. Staff were able to describe the care and support individual people required. One person said, "They [staff] know me well". Another person told us, "They [staff] treat me as an individual". A social care practitioner said, "When I talk to the staff and the registered manager it is really clear that they know the people and understand their needs". People and where appropriate, their families were involved in the planning of their care and that these were reviewed regularly.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift and supported by a handover sheet. These provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. Handover sheets were signed by the staff at the end of each shift to confirm that care had been provided as required.

People are encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service. The registered manager sought feedback from people and their families on an informal basis when they met with them in their own homes or the communal areas within the complex. One person said, "The registered manager comes to visit regularly to check we are happy with everything". People described the staff and registered manager as approachable and all said they were confident that the manager would act on any feedback they gave about the service. Formal feedback was regularly sought through the use satisfaction surveys and questionnaires, homeowner surveys and quality assurance systems.

The service had a policy in place to deal with complaints which detailed information on the action people could take if they were not satisfied with the service being provided. This information was also included in each person's service user's guide. People knew how to complain if they needed to. One person said, "I would be confident to approach the manager if I needed to complain, I would trust them to take action". Another person said, "I would see the manager if I was not satisfied, although I certainly don't have anything to complain about". No formal complaints had been received in relation to the regulated activities provided in the last 12 months. The registered manager was able to explain the action that would be taken to investigate a complaint if one was received.

Is the service well-led?

Our findings

People told us they felt the service was well-led. Their comments included, "I have great confidence in the manager", "[Named registered manager] runs a good tight ship", "The manager is very good, any problems we only have to ask and they will sort it out" and "It all seems very well managed". A social care professional told us, "When I have spoken to the manager they have been very accommodating and was able to answer all questions relating to individuals".

There was a clear management structure, which consisted of an area manager, registered manager, duty managers and care staff. Staff understood the role each person played within this structure. The registered manager kept up to date with best practice through regular training, reading relevant circulars and through updates provided regulatory bodies. They attended regional team meeting and received monthly visits from the area manager which both provided them with support and also formed part of their quality assurance process.

The provider's core values of focusing on people as individuals, promoting independence, respecting people's dignity, privacy, and rights and encouraging personal fulfilment were embedded in the practice of staff and the registered manager. The registered manager told us, "We aim to give really good person-centred care to people and ensure that people are treated with dignity and their choices and wishes are respected". Staff explained how they carried out their role in line with the core values of the service, one staff member said, "I want to support people to remain at home, be independent and feel safe and secure in their environment".

The service had a positive and open culture and the management team encouraged staff and people to raise issues of concern with them, which they acted upon. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the running of the service and care provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. Staff's comments included, "I like working here, everything is good and it is well organised", "The manager is very supportive and I can talk to them about anything" and "The management are really good, I love working here and like the way we all work together". The registered manager said, "I listen, empower and respect the staff. It is a pleasure to see the staff grow in confidence".

There was an appropriate quality assurance process in place to monitor the quality of service being delivered and this aimed to continually improve the service provided. The daily care records and MAR sheets kept in people's homes were reviewed regularly in order to pick up any recording errors, missing entries and trends to allow action to be taking in a timely manner. Audits of each aspect of the service, including care planning, medicines and staff training were conducted regularly. These identified changes that needed to be made, which were then actioned promptly.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.