

# Yourlife Management Services Limited

## Corbett Court

### Inspection report

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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

The inspection took place on the 18 April 2017 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

Yourlife Management Services Limited provides personal care services to older people in their own homes who live at Corbett Court. People live in an assisted living development within privately owned, self-contained apartments. There was a restaurant on site that was managed by another organisation for people if they chose not to prepare their own meals. On the day of our inspection nine people received personal care from Yourlife Management Services Limited.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had a firm understanding of how to keep people safe and there were appropriate arrangements in place to manage risks. One person told us "Yes, I definitely feel safe here". There were enough staff employed to care for people safely and the provider's procedures remained in place to ensure that staff were suitable to work with people.

People remained supported to receive their medicines safely. The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff told us they had continued to receive training and updates and were confident to meet people's needs. Staff were happy with the level of support they received and told us that communication from the registered manager was good. One member of staff said "We have regular supervision's and observations done by the manager". Staff had a good understanding of the responsibilities with regard to the Mental Capacity Act 2005 (MCA).

People remained supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by the onsite restaurant or by people themselves and staff ensured meals were accessible to people.

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person told us "If I had a concern I would start with the manager and I would get a response".

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment

when required.

People and relatives felt staff were kind and caring. Staff spoke warmly about the people they supported and provided care for. Staff were able to detail people's needs and how they gave assurance when providing care. One member of staff told us "I will always ring the doorbell and tell them who I am. Making sure they are ok and be patient and understanding of their needs".

People, staff and relatives found the registered manager approachable and professional. One person told us "The manager is very pleasant. It is well managed and they make sure you get your care". The atmosphere of the service was professional and friendly and the registered manager demonstrated a caring attitude towards the people and staff. One member of staff told us "I feel I can talk to my manager about everything. I like coming to work".

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Corbett Court

## Detailed findings

### Background to this inspection

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

The inspection took place on the 18 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a support care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of two inspectors.

The provider had 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 improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with five people, one relative, four care staff and the Registered Manager. We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration records (MAR), four staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

## Is the service safe?

### Our findings

People and a relative told us they felt the service was safe. One person told us "Yes I feel safe, when they help me having a bath". Another person said "Yes, I definitely feel safe here". A visiting professional told us "I've witnessed them dealing with some emergency situations and they handle them with total professionalism and discretion They always have the residents best interests at heart".

People remained protected from the risk of potential abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "I know people. If they withdraw themselves or become quiet or I can't find out what the problem is, I would tell the manager".

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People felt there was enough staff to meet their care needs. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw that there were enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us "We have had some previous staffing issues but this is now improved. We are now looking to recruit bank staff that we can call on when needed".

People remained supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Audits of medicine administration (MAR) were undertaken to ensure they had been completed correctly by a senior member of staff. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The member of staff would investigate and the member of staff would be spoken with to discuss the error and invited to attend further training if required.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

Each person had an individual care and support plan. The plans followed the activities of daily living such as communication, people's personal hygiene needs, moving and mobility and medication. The care plans

were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct equipment was used by the person. In one care plan it detailed a person walked with a walking aid and staff to ensure it was by the person when assisting them. Staff told us that they were aware of the individual risks associated with each person and where they found the care plans to be detailed enough.

## Is the service effective?

### Our findings

People and relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us "The staff seem to be competent, it is all satisfactory as far as i'm concerned". Another person said "Yes, they are well trained carers".

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. Staff had knowledge and an understanding of the (MCA) because they had received full training in this area. People were given choices in the way they wanted to be cared for. People's capacity for specific decisions was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and they always asked permission before starting a task. Details of the MCA were also available to staff in the staff room.

People remained supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by the onsite restaurant or by people themselves and staff were required to ensure meals were accessible to people. The restaurant and catering staff were managed by an external organisation. There was a choice of menu available and people's diverse needs were catered for. People's preferences and dietary needs were sort when they moved into Corbett Court and the catering staff also held these details in the kitchen. Drinks were available at all times of the day in the communal areas where people could help themselves to a choice of hot or cold drinks and biscuits.

We were told by people and the registered manager that most of the health care appointments and health care needs of people were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. The registered manager told us "We have a surgery very close by and assist people to appointments if required"

The provider continued to provide a variety of training which equipped staff with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines, infection control and dementia. Staff completed most of their training on induction which also incorporated the Skills for Care care certificate. One member of staff told us "It is absolutely brilliant, regular training. I also became a dementia friend recently. The basic training is updated regularly". Staff were also supported to undertake qualifications such as a diploma in health and social care. The training plan documented when training had been completed and when it would expire for staff to attend a refresher training course. The registered manager took action to ensure the training was completed and staff were booked on courses. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff we spoke with all confirmed that they continued to receive regular supervision and said they felt very well supported by the registered manager. Staff had regular supervision meetings throughout the year with the registered manager and a planned annual appraisal. One member of staff told us "We have regular supervision's and observations done by the manager".

## Is the service caring?

### Our findings

People and relatives felt staff were kind and caring. Comments from people included "I think they are caring, the care we get is great", "They are very caring" and "Very much so, very caring. I feel they're friends". One visiting professional told us "Corbett Court offer a very professional care package to the residents. Very kind and caring team to everyone and welcoming to service providers such as myself".

Staff were knowledgeable about people's needs and spoke about them with genuine warmth. It was apparent that positive relationships had been developed between staff and people. New staff met with people so they knew who was coming to visit them and to ensure compatibility. The registered manager ensured that people received support from a consistent team of staff.

Staff spoke warmly about the people they supported and provided care for. Staff were able to detail people's needs and how they gave assurance when providing care. One member of staff told us "I will always ring the doorbell and tell them who I am. Making sure they are ok and be patient and understanding of their needs". During our conversations with staff, they were able to tell us about the people they supported and their interests and preferences. Staff told us that it was the advantage of being in one location that they got to know everyone well so that staff had long term relationships with the people and their relatives.

People told us they could express their views and were involved in making decisions about the support they received. People and their relatives confirmed they had been involved in designing their support plans and felt involved in decisions about their care and support. People were also able to express their views via annual feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service. Care plans were reviewed every six or when a person's care needs changed. Reviews involved the person, family members and health care professionals if required. This also encouraged people to give feedback on the care they received.

It was apparent that people were treated as an individual, their differences were respected and support was adapted to meet their needs. The registered manager ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. Staff told us how they promoted people's independence. In one care plan it stated for staff to provide reassurance and support for a person to maintain their independence, when visiting the restaurant for a meal. Staff told us that wherever possible and needed people were encouraged to maintain their independence such as undertaking their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them.

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff told us they took care to give privacy to people when needed. They also said they drew curtains and closed doors to ensure people's privacy was respected. One member of staff told us "If I assist someone to the bathroom I will make sure they are ok before leaving and closing the door. I am then nearby if they require any help"

People's confidentiality was respected. Staff understood not to talk about people outside of the service or to discuss other people whilst providing care for others. The providers policy on confidentiality was covered during staff induction and training.

## Is the service responsive?

### Our findings

People were receiving care that was responsive to their needs. One person told us "The staff know me well and we talk about everything and anything". Another person said "Staff are efficient and don't rush and make you feel at ease".

Care plans were clear and provided descriptions of people's needs and the care, staff should give to meet these. This provided staff with the information they needed to deliver care in a person centred way. One care plan stated for staff to cover a towel rail while supporting a person in their bathroom so they did not lean against the rail and burn themselves. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found the details recorded in care plans were consistent and were detailed enough for care staff to understand. People's care plans documented their personal outcomes and how these could be met with assistance from care staff where needed. One care plan detailed a person wanting to gain more independence and prepare their own supper on certain days of the week. Care plans were reviewed regularly which meant that assessment and care planning ensured changes in people's needs.

Care plans remained person centred and details included a family history, personal preferences and activities they liked to participate in. There were two copies of a care plan, one in the office and one in the person's apartment. The service provided activities in the communal lounge and dining room which included themed events, musical bingo and films. People's background and likes and dislikes were recorded in the care plans. This enabled care staff to understand a person and care for them. For example in one care plan it stated that the person liked staff to fold the towels away neatly after they had assisted them with a shower.

Staff continued to build relationships with people and increase understanding of their needs, due to the fact that they attended the same people most of the time. They told us they were able to support people to follow their interests and to maintain relationships and contacts. Staff supported people if required to go out to local shops and amenities. One member of staff told us that the person they cared for who was hard of hearing and how they had encouraged the person to be involved in activities and going shopping. Another member of staff said "The care is tailor made for a person and their needs. We talk to people about what they like to talk about and make sure people are comfortable".

There was a complaints system that remained in place. Staff told us that any complaints would be recorded and passed to the registered manager for them to action. We noted that there was regular contact between staff and the relatives of people receiving care. People told us that they were confident that any issues or concerns would be addressed. One person told us "If I had a complaint, I would complain. I am getting what I need". Another person said "If I had a concern I would start with the manager and I would get a response".

## Is the service well-led?

### Our findings

People and relatives said how happy they were with the management of the service. Comments included "I couldn't ask for anything better. The manager comes round from time to time, I think on the whole it is well managed", "I have spoken with the manager and found no faults with them" and "The manager is very pleasant. It is well managed and they make sure you get your care".

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.

The atmosphere was professional and friendly and the registered manager showed a caring attitude towards the people and staff they were talking with. We observed the manager interacting with people and staff asking if everything was ok and answering any queries they had. One member of staff told us "I feel I can talk to my manager about everything. I like coming to work".

The registered manager continued to complete quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included care plans, staffing and training. The results of which were analysed in order to determine trends and introduce preventative measures if required. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The registered manager told us of current improvement plans which included the layout and contents of care plans and staff files. Feedback from people and care staff had also been sought via surveys. This was sent out to people and staff each year and results of the recent survey were mainly positive.

The registered manager played an active role in the service and communication between staff was open and friendly. Staff meetings were held on a monthly basis and staff communicated with each other when they handed over between shifts. The registered manager showed passion by always looking to improve the service. They told us "I feel supported in my role by the area manager and have further dementia training for the managers coming up arranged by the provider. I have been working hard on improving the service for everyone. The staff are great and do a good job and work well as a team. My current focus is improving files including the care plans and staff files". The registered manager went on to show us what they had been working on and the plans they had in place.

Staff continued to feel they had good communication with the registered manager through working together and meetings. This also gave them an opportunity to come up with ideas as to how best to manage issues or share best practice with one another. Staff told us they felt part of the team and were able to speak with the registered manager whenever they wanted to. Comments from staff included "We have staff meetings each month and feel supported by the manager", "The manager is lovely. They take time to make sure you understand your job" and "We all work well and a great team. I love coming to work".

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and up to date sector specific information. They showed passion in keeping their knowledge and skills up to date and attended training provided by the provider and external training courses.