

Yourlife Management Services Limited

YourLife (Sheffield)

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

This announced inspection was carried out by one adult social care inspector on 12 August 2016. This was the first inspection of Your Life (Sheffield) since it was registered in June 2013.

Your Life (Sheffield) is a domiciliary care agency and is registered to provide personal care to people living in their own homes. It provides services to people living within an assisted living development known as Windsor House, which is located in the suburbs of Sheffield and is close to local amenities. The assisted living development consists of self-contained retirement flats, which people purchase, together with communal facilities, including a restaurant. The Your Life (Sheffield) office is located within the assisted living development. People can live at Windsor House without needing personal care from the service, or from other care agencies. At the time of our inspection 18 people were receiving personal care from the service.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Safe recruitment procedures were followed to ensure people were not exposed to staff who may pose a potential risk to their wellbeing. Staff knew how to report concerns about people's welfare and had confidence in the registered manager taking appropriate action when this was required. Known risks to people were assessed to enable staff to manage these safely. There were sufficient numbers of staff available to meet people's needs. People told us staff were reliable, consistent, did not rush and provided them with their medicines when required.

Staff were provided with a range of training to enable them to effectively meet people's needs. Staff had opportunities to develop their careers and their performance was regularly monitored through a programme of supervision and appraisals. The service was following the principles of the Mental Capacity Act 2005 to ensure people's human and legal rights were promoted. At the time of the inspection no-one had needed to be referred to the Court of Protection because of concerns about a deprivation of liberty.

Staff maintained people's confidentiality whilst upholding their rights for privacy. People told us they were treated with dignity and respect by care staff who knew them well. Care staff understood people's individual needs and preferences to ensure a personalised service was delivered. People's nutritional needs were supported and they had opportunities to participate in a range of social activities to ensure their wellbeing was promoted.

A complaints procedure was in place to ensure people's concerns were addressed and acted on appropriately. A range of management audits were carried out to enable the quality of the service to be

monitored and acted on where this was required. People were encouraged to provide feedback about the service to enable it to learn and develop. People told us that management was approachable and staff said they enjoyed their work.

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

Safe recruitment procedures were followed to ensure people who used the service were not exposed to staff who were barred from working with vulnerable adults.

There were sufficient staff available to meet people's needs.

People's medicine was administered safely and care staff knew how to report potential safeguarding concerns about people.

Known risks to people were assessed to help care staff keep people safe. Accidents and incidents were monitored to ensure people's wellbeing was promoted.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received a range of training to ensure they were able to effectively carry out their roles.

Staff received on-going support and regular supervision to ensure they were aware of their professional responsibilities.

People were supported to make choices, and their legal rights to make decisions were respected.

Care staff involved healthcare professionals when this was required to ensure people's medical needs were promoted.

Is the service caring?

Good 

The service was caring.

People were treated with consideration and respect by care staff who ensured their privacy and dignity was maintained, whilst

upholding their confidentiality.

People had positive and friendly relationships with care staff who knew people well and understood what was important to them. People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed to ensure their care and support was delivered in a personalised way.

People were confident that any concerns would be acted on in a responsive way and were encouraged to participate and provide feedback about the service to enable it to learn and develop.

Is the service well-led?

Good ●

The service was well-led.

Management systems were in place which enabled the service to identify and take action to improve the service.

People and staff told us the registered manager was approachable.

Staff were positive and enjoyed their work and told us management was open, supportive and listened to their ideas and suggestions.

YourLife (Sheffield)

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 registered 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 announced inspection of Your Life (Sheffield) took place on 12 August 2016 and was carried out by an adult social care inspector. The provider was given 48 hours' notice; this was to enable us to meet people receiving a personal care from the service and was in consideration of their needs and to ensure they would be available to speak with us.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and what improvements they plan to make.

We checked our records to see what notifications had been sent to us by the registered provider. This showed us how they had responded appropriately to accidents and incidents that affected the people who used the service.

The local authority safeguarding and performance teams were contacted prior to our inspection, to ask for their views on the service and whether they had any on-going concerns.

During our inspection, we visited and spoke with three people who received personal care from the service, together with their relatives and a daughter who was visiting to see their mother. We looked at the care records of three people who used the service and observed how staff interacted with people during our visit.

We spoke with the registered manager, an area manager, a senior duty manager and two members of care staff. We also looked at a selection of staff records and other management records relating to the running of the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe using the personal care service and living at Your Life (Sheffield) Windsor House. People told us they had developed close relationships with the staff and trusted them. When we asked people about this, their comments included: "Oh yes absolutely, they (staff) make sure I am safe, they follow instructions perfectly." One person told us, "I'm absolutely safe; I've just got to press the button and staff are here." This person's wife told us, "The staff are wonderful; I can go away and have peace of mind."

A person with limited mobility told us they had fallen a few times in their apartment and said, "I just push the buzzer alarm and staff come very quickly and won't leave until it's sorted." This person went on to say, "Things couldn't be better. They keep me alive and staff always check and make sure I have my alarm buzzer on and have taken my medication."

People told us they felt safe because they knew staff were recruited safely. We looked at the files of three members of staff, including those of the most recently employed. We saw evidence in staff files that potential job applicants had been screened before they were able to start work. This enabled the registered provider to minimise risks and ensure they did not pose a risk to people who used the service. Staff files contained clearances from the Disclosure and Barring Service (DBS) which demonstrated that individual staff were not included on an official list that barred them from working with vulnerable adults. There was evidence that employment and references were appropriately followed up for new staff before offers of employment were made to ensure they were of good character. We saw that checks of job applicant's personal identity and previous employment experience were made, to enable gaps in their work history to be explored.

People who used the service and staff were very positive about staffing arrangements. People told us that care staff were reliable, on time and stayed for the required length of time to ensure they were not rushed. People also told us care staff took the time to support them safely to ensure their personal dignity was protected. No one we spoke with had experienced missed visits from care staff. Care staff told us they worked closely together as a team and were supported by the registered manager. The registered manager told us that staffing was organised to ensure there were sufficient numbers of care staff available with the right experience and skills to safely meet people's needs. We found a rota was in place for staff to follow and enable people to know who would be on duty. The registered manager explained that staff rotas were organised to ensure consistency of staff and enable additional staff cover to be provided for people if required.

We found that people were protected from the risk of potential abuse. Safeguarding procedures were in place, which were aligned with the local authority's guidance on this. Care staff told us that training in relation to safeguarding people from harm was provided and was refreshed on a regular basis to ensure they were aware of their responsibilities for reporting potential incidents of abuse. We found care staff were familiar with the different forms of abuse and they confirmed they were aware of their duty to 'blow the

whistle' about incidents of poor practice or concerns. One member of care staff told us, "You have got to open your mouth if things are not getting properly done." Care staff advised they would report issues of potential concern to the registered manager and were confident appropriate action would be taken, including the use of disciplinary procedures if this was required.

We looked at how people using Your Life (Sheffield) were assisted with their medicines, where this was in their agreed personal care plan arrangements. People told us they were happy with support they received with their medicines and said this was carried out by care staff well. We found that training was provided to care staff about the safe use and administration of medicines before they supported people to take their medicines. Medication Administration Records (MARs) were used to record when people had taken medication or reasons for non-administration. The MARs we saw had been accurately signed by staff and were up to date. We saw that management audits of people's medicines were carried out to ensure these were correctly administered and signed for, together with actions for staff to follow where shortfalls had been noted.

There was evidence in people's care records that a range of assessments had been carried out to determine potential risks concerning how their support was safely managed. We saw these assessments included issues concerning the management of the environment, moving and handling and medicines. The management plans focussed on a positive approach to taking risks and recognised that people had a right to choose to take risks.

We found that accidents and incidents were monitored by the service and this enabled action to be taken to minimise and prevent them from reoccurring. We were told that copies of each accident and incident were sent to senior health and safety staff within the registered provider's organisation to enable them to be alerted and follow these up when required.

Whilst people using the service lived in their own private apartments within the assisted living scheme, we found arrangements were in place to deal with emergencies. We found contingency plans were in place to deal with unforeseen situations that might arise, such as outbreaks of fire. We saw this included evacuation plans and access to vital information, such as personal contact details and check lists for emergency services when this was required.

Is the service effective?

Our findings

People and their relatives were positive about the personal care service that was provided and felt their quality of life was promoted by staff who were skilled in meeting their needs. People told us their needs were met by a regular and consistent group of staff who knew them very well.

People told us staff were not allowed to start work without having received training and that new staff only commenced work with them after being introduced and shadowing more experienced colleagues. This enabled staff to get to know and understand their individual needs.

One person told us, "Staff are trained very hard", whilst a relative of someone living with dementia commented, "Staff are really well trained and some are really very patient and kind."

We observed positive relationships existed between people who used the service and the care staff who supported them. People told us they were freely able to make decisions about their lives and we observed them engaging in social interaction with others who lived in the assisted living development whilst eating their meals.

The assisted living development had a restaurant where people could choose to eat their meals. We observed care staff helping people to access these facilities where this was required. People's care records included details about the help and support in relation to their dietary needs. People's care records also contained details about their personal preferences, together with information about how these were met. We were told care staff assisted people to prepare meals if this was needed, depending on personal choice.

Care staff told us they enjoyed working for the service and confirmed an in depth induction was provided to them, together with a range of training to enable them to effectively carry out their roles. A member of care staff told us, "We have a lot of training coming up and I've done my NVQ 2 whilst I have been here." Another member of staff commented, "We are doing training all the time."

We saw a range of training and development opportunities were provided to ensure staff had the right skills to meet the needs of people who used the service. We found that newly recruited staff undertook an induction to the service that was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. Staff training records contained evidence of completed courses on a variety of topics, including, safe handling and administration of medicines, moving and handling, emergency first aid, health and safety, infection control, communication skills and training on the specialist needs of people who used the service.

There was evidence that training had been booked to ensure staff skills were updated when this was required. Care staff confirmed they were encouraged to undertake external qualifications to develop their careers and ensure they had the knowledge and skills required to enable people's health and wellbeing to be effectively promoted. Care staff told us they received regular supervision and appraisals of their

performance and we found this involved meetings with senior members of staff. Team meetings and direct observations were used to monitor staff and implement good practice. A member of care staff commented, "We are always being monitored about how we speak to people." There was evidence the registered provider had not yet signed up to the Social Care Commitment, however the registered manager told us they were going to ask if this could be arranged. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services.

People who used the service appeared comfortable with care staff, and it was clear their individual needs were known very well by them. We observed care staff demonstrated patience and kindness whilst respecting people's wishes and preferences for their support. We found care staff were sensitive to meeting people's specialist needs and observed them listening carefully and talking with people in a way that could be understood.

People told us care staff sought their permission before undertaking personal caring tasks with them and made sure they understood what had been said and were in agreement with this. We saw documentation about obtaining consent from people had been developed and was available in people's care records to demonstrate their agreement with issues concerning the provision of their personal care and support.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The service had a policy and procedure on the MCA and Deprivation of Liberty and staff had received training on these issues. Staff told us they understood that people had the right to make their own decisions whenever possible and that the people they currently looked after had capacity to make decisions about their care and welfare. Care records we looked at showed that people and those with an interest in their lives had been included in reviews and decisions about their care and support.

Applications to deprive a person of their liberty, when they live in their own home, must be made to the Court of Protection. The registered manager told us no applications had been made to the Court of Protection at the time of our inspection, because there was no one currently being deprived of their liberty. People we spoke with told us that they were not subject to any forms of restriction or restraint and were able to come and go as they wished. We observed this throughout our inspection visit with people freely choosing to spend time where they wanted, including accessing the local community when this was required.

There was evidence in people's care records of a range of support plans that had been developed to address their individual medical conditions. People told us they were happy with this aspect of their support and that the service worked in partnership with them. Care staff told us about specialist courses they had attended to ensure they had the skills needed to meet people's needs. We saw evidence of liaison and involvement with healthcare professionals where this was required and were told that where this was needed, people were supported to attend appointments, for example GP's, opticians and consultants.

Is the service caring?

Our findings

People and their relatives were positive about the care and support that was provided from the care staff. They told us care staff were caring and considerate. One person said, "They do more than they should and treat me with dignity and respect." Another person told us, "They are really exceptional staff; they treat me with care and attention. I am very fond of them and they are fond of me."

We observed that care staff were respectful of people's privacy and ensured their personal dignity was maintained. People told us that they were involved in reviews of their care and support to ensure they were happy with how this was delivered and were provided with opportunities for changes to be made regarding their personal care should this be required. People told us that they were involved in decisions concerning their personal care. A member of care staff told us, "We can't be making their minds up, it's their choice."

We saw people's care records contained details concerning a map of their lives. This helped care staff to be provided with personal information about people's strengths, individual preferences and aspirations, together with details about their families and who was important to them. This enabled care staff to promote people's needs in a personalised way. We found that people were encouraged to maintain their independence and undertake their own personal care where this was possible. We were told that where it was appropriate care staff prompted people to undertake certain tasks rather than doing it for them.

We observed care staff interactions with people were open and friendly and saw they involved with people about decisions concerning their wishes and feelings in a sensitive manner. We saw that care staff demonstrated consideration of people's individual needs and it was clear they were knowledgeable and very familiar with people's particular wishes and preferences.

Care staff told us how they offered people choices about things such as what clothing they wanted to wear and how they wanted their personal care to be carried out. A range of information was available about the service to help people know about what to expect and who to contact when this was required. We saw evidence of regular meetings with people to ensure they were aware of developments concerning the service and enable them to participate in events and provide feedback and suggestions to help the service to learn and develop.

Throughout our inspection, we observed care staff demonstrated kindness and consideration for people's individual needs in a professional and cheery manner. We found that care staff respected the need to maintain people's confidentiality and did not disclose information to people who did not need to know. We saw information about people's needs was securely stored and that details that needed to be communicated about them was passed on in private.

We found the service worked sensitively with people to ensure their wishes concerning the end of their lives were appropriately supported. We saw a recent comment from a relative in a thank you card about this that stated, "The outstanding staff at Windsor House supported to [person who had used the service] continue to

live independently until her peaceful passing. In caring for their last years of their lives, they gave them love, dignity and respect and welcomed their many children and made a huge difference to us all."

Is the service responsive?

Our findings

People and their relatives confirmed they were involved in decisions about their care and support to ensure it was personalised to meet their needs. People told us they were happy with the way their personal care was delivered and were confident any concerns or complaints would be appropriately addressed.

One person said, "The staff are wonderful and have got a routine with me and it works." They went on to tell us how care staff had called out their GP at one o'clock in the morning, due to concerns about their medical condition. They told us, "[Registered manager's name] arranges things and if I've got a problem I go to him." Another person commented, "I've no complaints, the service is pretty much like a good hotel" whilst another told us, "I know how to make a complaint and definitely feel they will always do something to make it right."

A visiting relative told us, "It has been a life saver for me. The staff have been brilliant. They have learnt to adjust to her [their mother's] needs and have consistency and come at the right time." She is happy here and is consistently saying so."

People told us they were able to participate in a variety of social activities that took place to enable them to have opportunities to enhance their personal wellbeing. One person told us "I have joined a singing group here and enjoy going to the afternoon teas, coffee mornings and special events, such as the recent Caribbean world food evening and film nights."

We found evidence that assessments of people's needs were carried out when they first moved into the assisted living development. We saw that plans of support had been developed from these to enable people's needs to be met in a personalised way and ensure their wishes and preferences were respected. This included identifying relevant risks and working with people to maintain their independence. A 'map of life' was included in people's care records that documented their individual strengths, preferences and aspirations, together with details about their families and who was important to them. This helped care staff get to know and understand people in order to deliver a service that was tailored to meeting their needs. We found people's plans of support covered a range of issues concerning their personal care such as mobility, the environment, dietary needs and medicines management to enable staff to support and promote their wishes for self-control. We saw people's plans of support were reviewed and evaluated on a regular basis to ensure they were kept up to date. People who used the service confirmed they were involved in the assessment, planning and review of their support.

People told us that staff consulted them about their views and whether improvements could be made to different aspects of the service. They told us that staff listened to their views and that they were happy with the service provided. There was a complaints policy in place to ensure people's concerns were followed up and acted on. People told us they knew how to raise a complaint and were confident any concerns would be addressed and resolved wherever this was possible. The registered manager told us they maintained an open door policy and welcomed feedback as an opportunity for learning and improving the service delivered.

Is the service well-led?

Our findings

People told us the registered manager was approachable and confirmed they were satisfied with the level of service provision delivered and had confidence in the management. One person said, "My experience of [registered manager's name] is very good. He often comes to check on me to make sure I'm alright."

Care staff told us the registered manager was fair and that they worked well as a team. One member of staff told us, "We all help one another and help out when needed." They went on to say, "I can go to see [registered manager's name] any time. He always gets things done."

There was evidence the registered manager had a range of knowledge and experience that was relevant to the service. We found they were aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. The registered manager told us they attended meetings and conferences with regional colleagues, to enable their skills to be kept up to date. They also advised they were encouraged to undertake additional training to enable them to develop their careers.

Administrative systems were well organised to support the effective running of the service. We were told about regular monthly visits from an area manager from the registered provider's organisation, to support the registered manager and enable the quality of the service to be monitored. Governance systems were in place to enable the registered manager and registered provider to assure and assess the quality of the service provided and take action to resolve issues when this was required. We saw these included a range of audits, such as reviews of people's care plans, medicines management, accident and incidents, staff training and the environment. We saw this included a programme of regular checks to ensure people's health and safety was effectively maintained. There was evidence that on-going action plans were produced to address issues that were identified and ensure the service continually improved.

People who used the service, their relatives and staff told us the registered manager maintained an open door policy and welcomed ideas and suggestions to help develop the service. We found the registered manager had a 'hands on' approach to ensure they were aware of issues affecting the service. We found satisfaction surveys were used and these enabled people to participate and influence the way the service was run. Minutes from regular meetings with people who used the service contained evidence of further consultation to ensure people were able to share their views.

Care staff told us the registered manager was approachable and caring. One told us, "The manager has human principles and always starts and finishes a shift by saying good morning or good evening." We found that regular staff meetings were held to enable clear direction and leadership to be provided by the registered manager. This ensured care staff understood what was expected of them and were clear about their professional roles and responsibilities. Minutes of staff meetings contained evidence of issues that were discussed to make sure people received support and treatment that was appropriate for their needs. Care staff told us they felt valued and that their skills were respected. They told us communication was open

and they were encouraged to develop their skills and question practice. A member of staff told us "Since [registered manager's name] has taken over things are happening all the time and are pretty spot on." They went on to say, "[Registered manager's name] has done a fabulous job. I love it here. We have a very good ethos and there is good teamwork, people care and management care."

We saw evidence in staff files of individual meetings with senior staff to enable their attitudes and behaviours to be monitored and appraised against the registered provider's key values of passion, responsibility, innovation, determination and excellence (PRIDE). Care staff told us they received feedback about their work in a constructive way and the registered manager listened to their ideas to help the service learn and improve.