

Yourlife Management Services Limited

YourLife (Gosforth)

Inspection report

Kenton Lodge
Kenton Road
Newcastle Upon Tyne
Tyne And Wear
NE3 4PE

Date of inspection visit:
04 August 2017

Date of publication:
29 September 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

This inspection was announced and we inspected the agency office on 4 August 2017. This is the first inspection of the service which was registered with the Care Quality Commission in July 2017.

YourLife (Gosforth) is a care service which offers care and support for people living within Kenton Lodge assisted living apartments. At the time of this inspection the service provided care to nine people which accounted for approximately 20 hours of care per week. As the service delivered a low number of hours of care per week, we have not included as many examples of descriptions of the care provided as we usually do. This is so people can not be identified.

A registered manager was in place. 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 registered manager is also the registered provider.

People told us they felt safe with staff employed by the service. A safeguarding policy was in place and staff we spoke with were aware of their responsibilities in responding to any concerns of a safeguarding nature. There were enough staff to meet people's needs. People told us their care was provided by a small team of staff who knew them well. Safe recruitment procedures had been followed.

New staff were trained in the care certificate, a set of minimum standards for care staff. All staff undertook training in a range of subjects through both online e-learning and face to face practical training. Training was well managed and up to date.

Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the provider was complying with their legal requirements.

People we spoke with told us they were happy with the care they received. They told us care staff were polite and kind.

People's needs had been assessed and care had been planned to meet those needs. People's care records were detailed and contained rich information about people, their plans of care and life histories. Staff we spoke with were very knowledgeable about people and the care they required.

People were encouraged to share their feedback. The registered manager visited people to carry out staff observations to monitor staff conduct. People were also asked to complete surveys about their care delivery. We saw positive responses had been received to the most recent survey.

The service had not received any complaints. People we spoke with told us they would not hesitate in sharing any concerns, but that they were very satisfied with the service.

A range of checks were carried out to monitor the quality of the service. These were in-depth and in line with the key questions CQC asks of service. Audits included monitoring people's care records as well as management information. Feedback from surveys had been communicated with staff and areas for improvement had been monitored to ensure identified actions were completed.

During the inspection the registered manager and staff told us of the provider's commitment to delivering high quality care.

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.

A safeguarding policy was in place and safe recruitment procedures were followed to minimise the risk of abuse.

Accidents and incidents were monitored and there were enough staff to meet people's needs.

Medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervisions to ensure they had the skills and knowledge for their roles.

The service was operating within the principles of the Mental Capacity Act.

Where people were supported with meals, their needs were assessed.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were kind and friendly.

They described how staff respected their home, and upheld their privacy and dignity.

People were supported by a small team of staff who knew them and their needs well.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care was planned to meet those needs.

Care records were specific and very detailed.

A complaints procedure was in place.

Is the service well-led?

Good ●

The service was well-led.

A range of tools were used to monitor the service provided.

A registered manager was in post, people spoke highly of the way the service was run.

Staff told us they felt well supported. People and relatives told us they had no concerns about the quality of the service.

YourLife (Gosforth)

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.

This inspection took place on 4 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available in the office to assist us. The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who was part of this inspection team had expertise in older people.

Prior to our inspection the provider submitted a Provider Information Return (PIR). A PIR 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 all of the information contained within the PIR and also statutory notifications the provider had submitted. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We contacted the local authority safeguarding team and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services. Before the inspection we sent people who used the service, relatives, and staff a questionnaire. Two people, one relative and seven staff members responded with their feedback about the service. We used the information that we gathered and reviewed to inform the planning of this inspection.

During the inspection we visited one person in their home and talked with them and their relative. We also spoke with two people and two relatives over the telephone. We visited the agency office and looked at the care and support records of three people who used the service. We looked at records related to the management of the service, such as audits, staff files and recruitment records. We spoke with the registered manager and two care workers.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with staff receiving care and support from the Yourlife (Gosforth). One person said, "Oh I feel very safe with them. Lovely people." A relative said, I am sure [Name of relative] is safe with them. We have a lot of confidence in them. They are there when they are needed." Prior to our inspection we sent people who used the service a questionnaire. All of the people who responded stated they agreed with the statement, "I feel safe from abuse and or harm from my care and support workers."

All staff had received training on safeguarding people from harm. Staff we spoke with were clear on their responsibility to report any concerns that people were subject to harm or abuse. Staff told us they thought any concerns would be dealt with appropriately. We viewed safeguarding records for the service, and saw prompt referrals had been made to the local authority when necessary.

When the service began to provide care to people, an assessment had been carried out to identify any risks, such as the risks relating to the administration of medicine, or any risks relating to helping the person to transfer around their home or into the bath or shower. Where risks had been identified, information for staff detailed how they should mitigate these risks.

Accidents records were well managed. Where accidents had occurred staff had completed records detailing how the incident had occurred. These records were reviewed by the registered manager who monitored whether any trends were occurring or whether any actions could be identified to reduce the risk of the accident happening again. We saw that where people had been involved in an accident, welfare visits were arranged where staff would visit the person outside of their usual visit times to check they were recovering well. The provider had an emergency policy which set out step by step how staff should respond to specific events, such as evacuation.

Some people who used the service were supported by staff to take prescribed medicines. Staff had all received training in the safe handling of medicines. Before staff were able to administer medicines their competency was assessed to ensure they had the relevant skills and knowledge to do so safely. This process was repeated annually to ensure staff remained competent. People and relatives told us staff handled their medicines well. One person said, "Yes they give me my tablets in the morning. No problems at all." Care records included a good level of detail about how people took their medicines, why they had been prescribed, any potential side effects and how staff should respond to them. Records relating to the administration of medicines were well completed. One person was prescribed a medicine to take once a week before taking any other medicines. These instructions had been followed. Staff visited this person twice one day a week, in order to leave enough time after the first medicine had been administered.

There were enough staff to meet people's needs. People and their relatives told us the service was very reliable. All of the people we spoke with told us staff were punctual. One person said, "I have never had the impression they are short of staff." Another person said, "They can be a little early but they are never late." The registered manager told us that any unexpected staff shortage would be covered by other staff from the

service. She said, "We have more than enough staff to cover any sickness or holidays." The registered manager told us, and people we spoke with confirmed that there had never been any 'missed calls' where staff had not attended people's scheduled visits. This meant people received a consistent service.

A recruitment policy had been followed to ensure people were supported by staff with the skills and experience to meet their needs. Each staff member had submitted an application form, attended an interview and were subject to two references before they started working for the service. Applications had been made to the Disclosure and Barring Service (DBS) to determine if potential employees were barred from working with vulnerable people. We viewed the completed application forms and interview records. We saw people had been asked how they would respond in certain care based scenarios. This enabled the registered manager to assess candidate's skills and experiences in addition to exploring their motivation to work at the service. This meant suitable recruitment procedures were followed.

Is the service effective?

Our findings

People we spoke, and their relatives, told us they were happy with the care and support they received from staff. One person said, " They are well trained and they have a lovely manner." Another person said, " I am very happy with them. They do everything I ask and more." All of the people who had responded to our survey stated they agreed with the statement, 'My care and support workers have the skills and knowledge to give me the care and support I need.'

The provider had devised a training programme which they considered would equip staff with the skills and knowledge to support people safely. Staff undertook a range of face to face training and E-learning, which included moving and handling, health and safety, safe handling of medicines and infection control. Training was monitored by the registered manager to ensure staff remained up to date. We saw training was almost at 100% completion. Staff confirmed they received regular training. One staff member said, "We do training for everything, food hygiene, moving and handling, meds (meaning medicines), if we aren't trained we don't do it. We've just been down to Leeds last month for refresher training."

Newly employed staff received induction training and shadowed experienced workers. Staff completed an induction booklet to monitor their progress, which included reflective assessments and knowledge tests and a number of face to face review meetings with the registered manager to discuss their progress. The induction process included the care. The induction incorporated the Care Certificate. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. Staff told us that they were introduced to people when they started to provide their care and where possible shadowed experienced staff who were used to providing the person with care. This meant staff had the opportunity to get to know the person's care needs and ask any questions before they started to provide the care.

Staff had regular opportunities to discuss their practice, their role and the needs of the people they supported. Supervision records showed staff regularly met with the registered manager in supervision sessions. One staff member said, "We've all got a mentor and will sit down with them if we have any concerns. We have them pretty often."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

We checked whether the service was working within the principles of the MCA. The registered manager told us everyone who used the service had capacity to make their own decisions. She told us she would liaise the local authority if she had any concerns over their ability to make choices. The registered manager told us no one who used the service required constant support to keep them safe, and was aware that if this was the case then applications would need to be made to the Court of Protection to grant authorisation. The Court

of Protection make decisions on financial or welfare matters for people who are unable to do so for themselves. People we spoke with told us staff asked for their consent before carrying out any care. One person said, "Yes they do say what they are going to do."

Most people who used the service managed their own healthcare needs or did so with the support of their families. People's package of care was determined by their needs, and most people were visited by staff for less than two hours a week. We saw from records that where staff had noticed people were feeling unwell they had scheduled additional welfare visits to check how people were feeling. A relative told us, "They go the extra mile. For example [my relative] has had a couple of health scares and they have gone to the hospital and stayed with them." One person had a bigger package of care, and we saw in this case evidence that the service had been liaising with two healthcare professionals on their behalf.

One person who used the service was supported with meal preparation. Appropriate assessments were in place to determine what level of support was required to meet their hydration and nutritional needs. Records included prompts for staff to record preferences and any allergies.

Is the service caring?

Our findings

All of the people we spoke with, and their relatives, were positive about the service and the staff. One person said, "They are all very caring people." Another person told us, "They all treat me very well." A relative commented, "All I can say is they are fantastic and we are blessed to have them." Another relative said, "They treat [my relative] very well. [My relative] is definitely valued there." People confirmed these sentiments in the survey we sent them prior to the inspection. All of the people who responded stated they agreed with the statements, 'My care and support workers always treat me with respect and dignity' and 'My care and support workers are caring and kind'.

People told us staff knew them well, and respected them and their home. People were supported by a small team of staff. Visits were carried out by the same staff member every week, unless they were on annual leave or absent from work, so that people knew who to expect. One person said, "Yes I have the same ones usually, which I like." A relative said, "I believe it's the same staff, which is important to [my relative]." People told us that staff were polite and had time to talk with them during their visits. One person said "Yes they do listen to me and will sit if they have time." Another person told us, "They do listen to me, and if I need anything doing they will do it."

Staff we spoke with told us they enjoyed their roles and thought the service was caring. One member of staff said, "It's a lovely place. Everyone is always saying how well the staff look after the place, and how pleased they are that they are living here." Another staff member said, "I really like working here. There are very high standards which I think is good. I feel like I belong here, everyone is friendly."

People had been provided with information about the service. Care records were kept in people's homes and they told us that they could look at them at any time. Care files contained information about the service including the telephone numbers for the agency office and what they should expect from the service. Information had also been provided to people about how they could make a complaint if they needed to.

People were included in planning their care. Care plans were very detailed and included information about people's life histories, such as previous jobs and important life events, as well as their preferences, such as whether they would prefer a male or female staff member. All of the people who responded to our survey stated they agreed with the statement, 'I am involved in decision-making about my care and support needs.'

People's privacy, dignity and independence was promoted. People described to us how staff helped them to stay independent. During conversations with staff they told us that it was important to always consider people's dignity, and gave examples of how they did this when providing personal care. Care plans highlighted the steps staff should take to promote people's privacy. Whilst staff had keys to some people's home, care plans specified that staff should wait for the person to answer before entering their home. All of the people who replied to our survey responded positively to the statements; 'The support and care I receive helps me to be as independent as I can be' and 'I would recommend this service to another person'.

The registered manager informed us that people who used the service were able to make their own choices,

and that no one was currently using an advocate. She told us they would refer people to advocacy services if they felt they needed support to make decisions. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Is the service responsive?

Our findings

People and their relatives told us that the service was responsive to their needs. One person said, "They do everything I need, with the minimum of fuss." Another person said, "I am very satisfied with them." People who used the service had different care packages based on their needs. Most people received a short visit from staff each day for support with medicines, or a longer visit of up to an hour once or twice a week, to assist with bathing or showering. Care was planned based on people's individual needs. When people began using the service their needs were assessed to determine the level of care and support they would need. Care plans were then prepared which stated how staff should provide their support.

Care plans were very detailed and thorough. All of the care records we reviewed provided lots of information for staff about people's needs and their preferences. People's care needs were recorded step by step and very easy to understand. This promoted consistency of care. Staff we spoke with knew people and their needs well. They were able to tell us about the care they provided to people and this mirrored what we had read within those people's care records.

One person who used the service received support to access the community as part of their package of care. Their activities care plan was specific and went into detail about what the person liked and did not like to do. It was clear from the information included that it had been written inline with the person and their relatives. We saw from activities records that this person's wishes were followed.

The registered manager told us that the service was flexible to people's needs. If people needed additional support, outside of their usual package of care than this could be arranged to suit the person. People told us that staff always stayed their allotted time. One person said, "There are no problems with timings." People who completed our survey all agreed with the statement, 'My care and support workers stay for the agreed length of time'. Staff told us that visits to people's homes were well planned. One staff member said, "We are lucky, as because everyone is under one roof we don't need to take travelling time into account. If something is happening and I'm late at a previous visit, I would just sort it with reception and we'd arrange cover. We would do whatever we needed to make sure we were on time."

People we spoke they had never had any need to make a complaint. The registered manager told us complaints had been made, but that a complaints procedure had been provided to all of the people who used their service which explained how any complaints would be investigated and responded to.

Is the service well-led?

Our findings

People and their relatives told us that the service was well managed. Comments included; "The manager is very helpful", "They are all very helpful. It is run beautifully and I am highly satisfied" and "I think it is very well managed. They give us peace of mind."

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since July 2017. The registered manager was present and assisted us during the inspection.

The registered manager carried out a regular scheduled of audits and checks to monitor the quality of the service. These included checking people's medicines administration records to determine if any errors had been made, and checking health and safety. The records from people's homes were brought into the office on a monthly basis, and checked for accuracy and completeness. During our inspection we had noted that the records staff made of their interactions with people who used the service were detailed and person-centred. The care records audit, which the manager completed on a monthly basis included checking whether staff entries 'included information about people's emotions and wellbeing' as well as monitoring if staff delivering care as per people's needs and care plans and dating records. The care records audits were linked to staff supervisions and we saw they were given feedback on their record keeping during meetings with the registered manager. This showed that the auditing systems set high standards for record keeping and monitored the service to ensure standards were met.

The provider carried out in-depth internal inspections of the service, which were designed around the five key questions the CQC ask of is the service; safe, effective, caring, responsive and well-led. This internal quality check included reviewing policies, staff recruitment and supervision records, people's care files, and speaking with staff and people who used the service. We noted where areas for improvement had been noted this had been well communicated to staff and monitored to show that improvements had been made.

The registered manager carried out a number of staff observations throughout the year. This was to monitor whether staff were delivering care to the standard expected by the service. We noted that records prompted the registered manager to assess whether the staff member was; clean and tidy, wearing a name badge, arrived at their care call at the specified time, knocked and waited to be invited in, washed their hands, wore personal protective equipment, offered the person choice and explained the tasks they were going to carry out. We saw feedback from these observations were shared with the staff member as part of their supervisions and appraisals.

The registered manager told us that she and the provider were passionate about delivering the highest standard of service in everything that they did. She told us that providing staff with training in what was expected of them, in addition to these targeted and regular audits ensured that this commitment to quality was reinforced and delivered.

Staff we spoke with reiterated the focus on quality at the service. One staff member said, "People here expect a lot. We deliver on that. In terms of care, everything really, it's the best place I've ever worked." Staff told us the service was well organised and that communication was good. Staff told us they would feel comfortable discussing any issues or concerns with the registered manager if they needed to. One staff member said, "Yes this service is spot on. We take it all in our stride. It's managed well."

People and staff were encouraged to share their experiences of the service. Satisfaction surveys had been sent out in April 2017. People had been asked whether they felt; they were safe environment, whether staff treated them with respect and respected their privacy. We saw results the results were very positive. Staff had also been asked their views on the service. We saw the results of both surveys had been discussed in meetings with people who used the service and staff.