

Yourlife Management Services Limited

YourLife (Chippenham)

Inspection report

Bowles Court
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Tel: 01823448150

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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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 5 June 2017. The inspection was announced. This was because the location provides a domiciliary care service. We wanted to make sure the registered manager, or someone who could act on their behalf would be available to support our inspection.

YourLife (Chippenham) is a service which provides personal care and support to older people in their own homes. All of the people supported live in the same complex. The care service is based on site, as part of an assisted living environment. At the time of the inspection, four people used the service and they were referred to as 'homeowners'. YourLife (Chippenham) was initially registered with the Care Quality Commission on 17 February 2016. This was the first inspection of the service.

There was a registered manager in post but they were not available on the day of the inspection, as they were on annual leave. We spoke to the registered manager on the telephone after the inspection, on 16 June 2017. 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 responsible for the day to day management of the agency.

Audits were taking place to assess and monitor the quality of the service. However, not all areas of the service were addressed and action plans were not always specific. The care compliance manager confirmed this had been identified and focus was being given to improve the quality auditing systems in place.

People were complimentary about staff and said they were good at their job. Records showed a range of training was arranged although not all staff had completed all topics required of them. Staff felt well supported. They received informal day to day support, as well as more formal meetings with their manager to discuss their performance. Initiatives were in place to value staff.

People were happy with the service they received and felt safe. They said staff were reliable and there were no concerns about late or missed visits. People were able to choose when they wanted their support. If they had an appointment, they could cancel or receive their visit, earlier or later than usual.

Before receiving a service, people discussed their needs and agreed what support they required. People were fully involved in developing their support plan and its review. They said any amendments were easily made. People felt confident to ask staff to undertake small tasks, which were not part of their support plan. They said they were usually supported by the same staff which enabled consistency. Positive relationships had been built.

People were appropriately supported with meal preparation if required. Alternatively, people could have a three course lunch in the restaurant on site. Within the restaurant, there was a good choice and variety of quality foods.

People were able to make decisions and manage their healthcare independently. Safe systems were in place to support people with their medicines although information about the application of topical creams was limited. This was being addressed with the use of body maps.

People knew how to make a complaint and their views of the service were regularly sought. People were confident any issues would be appropriately addressed. People confirmed their rights to privacy, dignity, choice and independence were promoted. There was a clear ethos of promoting people's independence and enabling fulfilling lives to be followed.

There were enough staff to support people effectively although some external agency staff were used. Safe practices were being followed to recruit more staff. It was expected this would enable greater flexibility and to respond to additional care packages, as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us the service was reliable and there were no issues with late or missed visits.

Individual risks to people's safety were appropriately identified and acted on to enhance people's safety.

There were enough staff to effectively meet people's needs although some external agency staff were being used.

Organised recruitment practices ensured all new staff were suitable for their role.

Is the service effective?

Good ●

The service was effective.

People received support from a small team of staff who knew them well.

Staff felt valued and were well supported.

Staff received a range of training to help them do their job effectively.

People needed very little support with meal preparation but would request this assistance if required.

Is the service caring?

Good ●

The service was caring.

People were positive about the staff and the service they provided.

The consistency of visits enabled relationships between people and staff to be developed. This enhanced the quality of interactions and people's confidence.

Staff promoted people's rights to privacy, dignity, choice and

independence.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's needs, which enabled people to live independently.

Each person had a care plan, which identified their needs and the support required.

People received regular reviews to ensure their care remained appropriate.

People knew how to raise a concern and felt any issues would be properly addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems had been introduced and further developed following the initial registration of the service in February 2016.

Auditing was in place to assess and monitor the quality of the service but not all areas were addressed and action plans were not always specific.

There was a clear ethos, which was portrayed throughout the service.

People were encouraged to give their views about the service they received.

YourLife (Chippenham)

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 5 June 2017 and was announced. We spoke with the registered manager on the telephone after the inspection on 16 June 2017. The inspection was undertaken by one inspector. In order to gain people's experiences of the service, we spoke with three people who used the service. We spoke with the care compliance manager, two duty managers and two support workers. We looked at people's paper records and documentation in relation to the management of the agency. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

Before our inspection, we looked at the notifications we had received. Services tell us about important events relating to the care they provide using a notification. 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. The PIR was completed and returned to us on time.

Is the service safe?

Our findings

People told us they felt safe. They said this was because they had confidence in the service and could call for assistance at any time. People said the service was reliable and they were confident staff would arrive to support them on time. There were no concerns regarding late or missed visits.

People said they would inform the registered manager if they experienced any poor practice or were mistreated. Staff had undertaken training in safeguarding. They were aware of their responsibilities to identify and report potential abuse. Staff told us they would raise any concern they had about people's safety, to the senior on duty. It was expected the senior would then inform the registered manager who would take any required action. Staff told us if the registered manager was not available or they were not satisfied with the response, they would contact any of the senior managers. In addition, they said they could ring the local safeguarding team directly. There was a copy of the whistleblowing policy and contact numbers for the local safeguarding team, on the notice board in the staff room.

Potential risks to people's safety were identified and balanced with promoting independence. One person told staff they were walking into town. Staff asked if they felt well enough to do this and explained the distance involved. As it was raining, staff asked the person if they had an umbrella. The person told staff they would be "fine" and they went on their way. Staff told us the person valued their independence and often did this. They said they would monitor the person's return, to ensure all was well. Another person told us they were at risk of falling so had been given a pendant to wear around their neck. This meant they could call for help, if they fell in their apartment, away from their emergency call bell. The person said their pendant gave them peace of mind. Another person told us being in the complex and having staff available when needed, minimised any risk to their safety.

There were assessments which showed people's safety and that of staff, had been considered. Areas covered included the person's environment, malnutrition and hydration and the risk of falling. However, one person's assessment regarding their environment had not been completed. The care compliance manager told us they would address this. They said they were in the process of reviewing all assessments and introducing risk management training for staff.

People told us there were enough staff to support them effectively although there was some external agency use. The registered manager confirmed this. They said they had three staff on maternity leave so staffing was sometimes a challenge. The registered manager told us existing staff were very good at covering additional shifts. They and the duty managers also provided people's support and agency were used when shortfalls in the staffing roster could not be filled. The registered manager told us they always asked for the same agency staff, to ensure people had continuity. There was one comment about agency staff in that they were not as effective as permanent staff. This was because they needed to ask what needed to be done, rather than "getting on with things". Another view included covering additional shifts was sometimes tiring. The registered manager told us they were aware of this. They said they used agency staff to ensure staff received appropriate time off to recharge.

The registered manager confirmed they were currently recruiting new staff. This was to give greater flexibility to cover staff sickness but also to accommodate more care packages, as needed. The care compliance manager confirmed this. They said it was expected over time that people's needs would increase and more support would be required. Recruitment of staff was therefore required to be able to respond to this need. Staff agreed and said whilst staffing was sufficient at this time, staff numbers would need to increase in line with the new care packages.

Safe recruitment practices were being followed. Staff told us they completed an application form and needed to supply the names of two people, who could comment on their conduct. They had a formal interview and provided evidence of their identity. Before they started employment, they had a Disclosure and Barring Service check (DBS). This enabled the provider to identify if prospective staff were suitable to work with vulnerable people. There was a checklist at the beginning of each personnel file. This showed each stage of the recruitment process and the dates of completion. All required documentation to evidence a safe recruitment procedure was in place.

At the time of the inspection, people required little support with their medicines. People ordered their medicines and stored them in their apartment. There was an assessment which detailed what level of assistance the person needed with their medicines. A record of the person's prescribed medicines and any assistance needed was clearly documented. Staff had signed the record to show the person had taken their medicines appropriately. However, information did not clearly show staff where topical creams were to be applied. The care compliance manager told us body maps to show this information, would be introduced. Policies and procedures regarding medicines were available for staff reference. Staff told us any concerns about people's medicines would be reported to the registered manager. Further advice from the person's GP or family representative would then be gained.

The registered manager told us medicine management was an area that had recently been given focus. They said the medicine policy had been rewritten and competency assessments for staff had been introduced. The registered manager told us if a member of staff failed their medicine competency assessment, they would be removed from administering medicines. The staff member would then be required to undertake additional training. Before the staff member was permitted to re-administer medicines, further assessments would be completed to ensure their competence.

Is the service effective?

Our findings

There was a small staff team of three support workers, two relief support workers, three duty managers, an administrator and the registered manager. Four people had small care packages, whereby staff assisted them with their personal care and other tasks such as medicine management and meal preparation. Visits included assisting people with a bath or a shower or with clothing, they found particularly difficult to manage.

Staff supported the same people on a regular basis. This enabled consistency and positive relationships to be built. Staff knew people well and were able to provide support, in a way that met people's individual needs. Staff said knowing each person enabled them to take into account small details, which were important to people. This included completing particular routines in the person's preferred order. Staff said during each visit, they always had time to have a chat in a relaxed manner, without any pressure to rush to the next person. They said this enabled people to always receive the support they required.

People told us they received a good service. They said staff were well trained and competent in their role. Records showed staff received a range of training to help them do their job effectively. This included areas such as equality and diversity, health and safety and basic life support. The registered manager told us in addition to these topics, staff completed bespoke training such as dementia and end of life care. However, not all staff had undertaken all of the training they were required to complete. For example, five staff had not undertaken recent training in infection control. The registered manager told us this was being addressed and monitored. Staff told us the training they had completed was good. They said if they were not sure about a particular area, they could ask the registered manager for specific training. Staff were confident their requests would be addressed.

Staff told us they felt valued and well supported. They said they received day to day support from each other and from the management team. Staff told us they also met more formally with their supervisor to discuss their role and any concerns they might have. These sessions were described as "helpful" and "productive". Records showed these meetings took place and there were other meetings to discuss staff's performance during their probationary period. The registered manager told us there was an initiative named "Pride Awards" which was in place to value staff. Anyone could nominate a member of staff to receive the award and a small gift was given.

People told us they needed limited assistance with meal preparation. They said they generally went to the restaurant for their mid-day meal. This offered a three course lunch with silver service. The menus showed a wide variety of good quality meals. There were a range of choices for each starter, main meal and dessert. People said the food served at the restaurant was excellent. They said their view was based on the choice of food, the way in which it was cooked and presented. People said they were able to have their meal delivered to their room, if they were unwell or did not feel like going to the restaurant. People told us they prepared other meals in their apartment. Staff confirmed this and said any assistance needed, would form part of the person's support plan. There were reminders within support plans to ensure people had the essentials in place, to make themselves a snack if required.

Staff had received training regarding the Mental Capacity Act 2005 (MCA) and further training was planned. 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 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.

The registered manager told us all people supported had capacity to make their own decisions. Staff confirmed this and said if there were any changes or concerns, they would discuss these with the registered manager. Staff said they always gained consent before undertaking any task.

People were able to make their own health care appointments, although staff would offer support if required. Staff told us with visiting people regularly, they were able to notice any changes in people's health. They said if they were concerned, they would encourage the person to see their GP. If the person declined, they would inform a member of the management team. Staff said the person would be monitored and further discussions with the person would be held.

Is the service caring?

Our findings

People were complimentary about the staff who supported them. They said they were "lovely", "willing", "friendly" and "caring". Another comment was "the staff are marvellous. They're the best thing about the service". People told us they felt comfortable with staff. They said staff "had a laugh and a joke" and responded to any banter in a positive way.

People told us staff were understanding and accommodating. They said if they were not ready to be assisted with their personal care, staff rearranged their duties to accommodate them. People said staff sensitively supported them with any intimate task, which helped ease any embarrassment. They said they were supported in private, with doors closed and curtains drawn. One person told us "it must be drilled into them, as it doesn't bother me. Sometimes they say about drawing the curtains but I tell them "don't worry about it. No one can see in here". They laugh and say "it's not just you I'm worried about. It's the people who have to look at you". We then have a laugh about it". The person told us "it definitely bothers them more than it does me".

People said staff spoke to them in a respectful, polite and friendly manner. They said staff used their preferred name and always asked them how they were. People told us staff respected them as a person and their apartment. They said they either answered the door to staff or staff knocked and called out before entering. People told us staff only entered rooms of their apartment, if they needed to go into them. They said staff would ask permission to do this rather than just walking in. People said staff always asked them if they needed anything, before they left.

People were able to furnish their apartments as they wished. There were guest suites within the complex, which were comfortable and well furnished. People's friends and families, especially those who travelled long distances, were able to book these rooms for overnight stays. Staff told us families and friends were able to eat with people in the restaurant. Function rooms were available to book for special occasions.

Staff told us they cared about people and treated them with the "upmost respect". They showed empathy when discussing people's rights to privacy and dignity. They said they tried to understand how it would feel to be supported with their personal care. Staff explained they always remembered they were a guest in the person's home. This said they were careful what they did and aimed to put everything back tidily, as the person wanted it. Staff told us they felt promoting independence was integral to supporting dignity. They said they helped where needed but did not "take over", enabling the person to do as much for themselves as they could.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. They said they spoke about what assistance they required, before receiving a service. This ensured their support was exactly what they wanted. People said they were able to confidently ask staff to do other tasks, which did not form part of their support plan. This included emptying a bin, tidying the kitchen or putting crockery away. People said they rarely had to ask staff to do a job, as they had already noticed it needed doing.

People told us they liked the flexibility of the service. They said they were able to choose the time of their support, which was convenient for them. In the event of an appointment, people told us they could cancel their visit or receive their support earlier or later, depending on what they wanted. They said they could increase or decrease their visits according to their needs. For example, if a person's health and confidence increased, they could reduce their visits. If this was unsuccessful for any reason, the support could be quickly reinstated. The registered manager confirmed this. They told us a person's support could be arranged at short notice and on a short term basis if required. This included supporting a person for a short while after their discharge from hospital. Staff told us they liked the flexibility of the service. They said each visit "takes as long as it takes". They told us if a person was feeling unwell and needed additional time, this would be given, as a matter of course. People told us staff always stayed for their allocated time. They said staff only went early, if they were told to do so.

People told us they directed their care. They said they were fully involved in the development and review of their support plan. People had signed the plan to confirm it was accurate. People had a copy of their support plan in their apartment. A duplicated copy was securely stored in the office. All information was ordered and easy to read. The plans clearly informed staff of the support people needed and how they wanted it to be delivered. However, whilst identifying specific health care conditions, information did not detail how symptoms could be minimised. One support plan identified the person's visits had been reduced but there was no information to show the reasons why. Information did not show how this was to be monitored to ensure on-going success. There was a profile, which showed a summary of people's needs and their interests. Further information detailed areas of importance and people's past lives including pets, holidays and occupations. However, whilst this information was in place, further detail was required to ensure clarity. For example one support plan stated "likes sport and grandchildren". The information did not detail what type of sport or the names of the grandchildren. This would have given staff more information to talk to people about, whilst providing their support.

There were various social occasions, which were organised within the complex. This included coffee mornings, a fine dining evening and themed events. People told us they were able to join in as much as they wanted to. The location of the complex enabled people to be part of the local community. There was a large, well-furnished lounge with a loop system. This enabled improved hearing for those people who used a hearing aid due to background noises being lessened.

People told us they would tell a member of staff or the registered manager, if they were not happy about any aspect of the service. They were confident any issue would be satisfactorily addressed. The registered

manager told us people were given a copy of the complaints procedure when they first started to use the service. They said people were regularly informed of the need to be honest and share any concerns they might have. The procedure reinforced to people that they would not be treated less favourably, if they made a complaint. There was a strong emphasis on being "open and honest" so any concerns could be quickly addressed.

Is the service well-led?

Our findings

There were various audits in place to assess the safety and quality of the service. These included medicine and health and safety checks, which were undertaken on a weekly basis. Checks were made to ensure the first aid boxes, were fully stocked and there were records about fire safety. Formats for the auditing of people's daily records were in place but had not been completed. Whilst these systems were in place, documentation was not ordered and not all areas of the agency were being assessed. In addition, there were action plans in place but these did not always show the staff member responsible for completing the work or the identified timescale. The care compliance manager told us this had been identified and further work was planned to improve the agency's auditing system.

The registered manager, together with senior managers and the staff team, had built up and developed the service since its registration in February 2016. The registered manager said they were currently working on further developing people's support plans. They said training for staff regarding care planning and report writing had been arranged. The particular area of focus at present was food and nutrition. The registered manager told us they were always looking to improve the service and welcomed any ideas people had. They said monthly meetings were held for people to give their views. This included any suggested events, maintenance issues, compliments and complaints. They said surveys were sent to people on an annual basis to gain feedback about the service. However, documentation did not demonstrate how many surveys had been sent or returned. A summary of the findings had not been completed. The care compliance manager confirmed the outcomes of surveys were discussed at people's monthly meetings. People facilitated the meetings and records were not always maintained.

The registered manager told us they received good support from senior managers and other departments within the organisation. There was an effective on-call system, which meant staff could gain advice and support at any time. Staff were aware of how to competently manage situations such as accidents and incidents. They said there was a range of information available to them for reference.

The registered manager described their management style as "firm but fair". They said they were a good listener and encouraged an open and honest approach. The registered manager told us they aimed to be a good role model and never asked a member of staff to do anything, they would not be prepared to do themselves. The registered manager said they had an "open door" policy to discourage formality and encourage interaction.

There were positive comments about the registered manager and their management. These included "she's very supportive and approachable", "she's always very friendly and helpful" and "she'll help out wherever needed". There were some comments which stated the registered manager was often very busy and not always available.

The registered manager told us the ethos of the agency was to promote independence and enable people to live fulfilling lives. People told us staff did this well. They said support from staff enabled them to be ready for the day and not struggle with areas they found difficult. They said they benefitted from the reliability and

flexibility of the service. Staff were clear about the ethos of the agency. They said they enjoyed supporting people to maintain their independence. The ethos of the service enabled people to live at the complex for as long as they were safe and their needs could be met.

There was a culture of wanting to deliver a good service and to improve. A person centred approach to people's support had been implemented. This enabled a flexible, responsive service with an emphasis on involvement.