

Yourlife Management Services Limited

YourLife (St Albans)

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 was carried out on 7 and 8 November 2018 and was announced. This was the first inspection since the service was registered in October 2017.

YourLife St Albans provides personal care and support to people living in their own flats. It operates an 'assisted living plus' scheme in a purpose built private development called Eleanor House. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for assisted living housing. The inspection looked at people's personal care and support service. The service is available to older adults over 70 years of age.

The property consists of 50 flats privately owned and occupied by older people who also share some communal areas and facilities; such as communal lounges, dining area, laundry facilities and external gardens.

Not everyone using YourLife St Albans received a regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; such as help with personal care, eating and drinking and assistance with the administration of medicines. Where they do we also take into account any wider social care provided.

At the time of our inspection four people who lived at Eleanor House received personal care and support. The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People felt safe at the service and staff knew how to recognise and respond to potential abuse. Risks were assessed and measures put in place to mitigate and reduce risk where possible. Safe and effective recruitment practices were followed to ensure staff were of good character and suited to work in this type of service. Sufficient staff were deployed to meet people's needs in a timely way. People were supported to take their medicines safely by staff who had been trained. Staff followed appropriate infection control procedures to reduce the risk and spread of infection.

People received effective care from staff who were supported through supervision and training. People were encouraged and supported when required to eat and drink appropriate amounts to maintain their wellbeing. People also had support to access health care services when required. The registered manager and staff were aware of the of the Mental Capacity Act (MCA) and people were supported to live independent lives. Staff were kind, caring and treated people with dignity and respect. People and staff had developed positive relationships. People were involved in developing their care and support needs, which were kept under regular review.

Care plans included information to enable staff to meet people's needs in a way that they chose. People were encouraged to engage in activities within the service. People knew how to raise concerns and were confident they would be listened to.

People, relatives and staff were positive about the management team and how the service was run. There were quality assurance systems and audits in place to help make continual improvements and provide a good standard of 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?

The service was safe.

People were cared for by staff who knew how to identify and report potential harm.

People had their individual risks assessed and where possible risks were mitigated.

People were supported to take their medicines by staff who had been trained.

People were cared for by staff who had been recruited through a robust process.

Infection control measures were in place to reduce the risk and spread of infection.

Good 

Is the service effective?

The service was effective.

Peoples had their individual needs assessed to ensure their care was effective.

People were asked for their consent and the principles of the Mental Capacity Act 2005 were being met.

Staff were well supported through appropriate training and supervision.

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing.

People were supported to access health care professionals when required.

Good 

Is the service caring?

The service was caring.

Good 

People were supported by kind and caring staff.

Staff respected people's choices and supported them to maintain their independence.

People's dignity and privacy was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care, which was flexible and responsive to peoples changing needs.

People were supported to participate in social activities and to pursue hobbies and interests.

There was a robust system in place to manage people's complaints and concerns

Is the service well-led?

Good ●

The service was well-led.

The registered manager operated an open and transparent culture.

There were effective quality assurance processes in place to monitor the service.

People's views were sought through regular meetings and visits from the management team.

YourLife (St Albans)

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 checked 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 announced inspection took place on 7 and 8 November 2018 and was undertaken by one inspector.

Before the inspection we reviewed all the information we hold in relation to the service. This included a Provider Information Return (PIR). This is information we require providers to send us to tell us about the service and what they do well and any improvements they plan to make. We also looked at notifications the provider had sent to us. A notification is information about important events which the provider is required to send to us. We used this information to help plan the areas we would focus on and included this in the planning of this inspection.

During the inspection process we spoke with two people who used the service and three relatives by telephone to request feedback about their experience of the service. We spoke with the registered manager, two deputy managers, and two care staff. We also observed people interacting with staff to help us understand more about the service.

We looked at care plans and records relating to three people who used the service. We also looked at two staff files, staff training and supervision records and meeting minutes. We also reviewed, records relating to the overall management of the service. These included records audits and quality assurance systems and processes.



Our findings

People told us if they felt safe using the service. One person told us, "The building is secure and there are always staff on duty. If I needed help in an emergency I can use my call alarm, and staff would respond immediately." Relatives told us that they felt people were safe. One relative told us "I definitely feel reassured that people are safe. I have not had any concerns in relation to safety issues."

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report potential abuse. One staff member told us "We have had safeguarding training and are aware of the need to report any concerns immediately to the manager or senior staff on duty."

People had their individual risks assessed and measures were in place to mitigate these risks. For example, people who had reduced mobility, or those who were being supported with their medicines. Risks were kept under regular review and the registered manager told us that if there were any changes in a person's ability or if they had been in Hospital they would always complete a new risk assessment to help ensure people's continued safety.

People living at Eleanor house and staff were given information about fire safety. The registered manager had ensured that people they supported had the information they needed to be safe in the event of a fire. The registered manager told us on several occasions the fire alarm had sounded and the fire brigade had attended very quickly. On these occasions it was a false alarm, and the fault with the system had been addressed. However, it did provide people with reassurance that the system did work.

People told us they felt there were enough staff to meet their needs. One person told us, "They occasionally arrive a bit later than expected but it is not a problem." Relatives told us that there were enough staff available to meet people's needs. One relative said, "If they are running late they do try and let you know." Staff told us that there was enough staff to meet the current needs of people who were being supported. One staff member told us, "We are a small team and work cohesively and help out when required."

Safe and effective recruitment practices were followed to help make sure that staff were suitable to work in this type of service. The management team ensured all required documentation was received before a member of staff commenced employment. This included a disclosure and barring check (DBS) written references and proof of identification and address. One staff member told us, "Yes the recruitment process was very thorough and I remember having to provide all the documents before I could start work".

People's medicines were managed safely. Most people managed their own medicines. Some had their medicines administered by staff. Regular audits and competency assessments were completed to help ensure medicines were administered in accordance with prescriber's instructions.

People who used the service were very independent and the registered manager told us there had not been any accidents or incidents to report on or to demonstrate any potential learning.

There were systems in place to help maintain a clean environment and reduce the risk and spread of infection. We noted that staff were provided with infection control training and spot checks by the registered manager ensured that they were working in accordance with their training.

Our findings

People and their relatives told us that they felt staff were had sufficient knowledge and received training to enable them to support people living at the service. One person said, "I am sure they [staff] receive training but I am not sure what this consists of," A relative told us "I think they [Staff] are very well supported by the registered manager and do seem to know how to support the people who live here."

Newly recruited staff completed an induction programme, which included 'orientation of the building, a review of the company's policies and procedures and some core training topics. Staff received ongoing training to support them to be able to care for people safely. This included training such as safeguarding, administration of medicines and moving and handling. Additional training was available if staff had a specific area of interest for example dementia care. Staff were supported through attendance at team meeting, one to one supervision with their line manager and an annual appraisal.

Staff told us they felt well supported. One staff member said "[Name] (registered manager) is great she is always available and approachable, we work really well together as a team". Another staff member said, "Any member of the duty managers will always help you."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and their team were aware of the MCA and when there was a need to involve health care professionals and family members if people had reduced abilities to make independent decisions. At the time of the inspection everyone receiving support had capacity to make their own decisions.

However, two people had 'power of attorneys' in place for the future should they need support with more complex decisions. A power of attorney is a legal document which enables a nominated person to help contribute to decision making when the person to whom it relates can no longer make more complex decisions. People were asked to consent to their support plans and consent was reviewed regularly, to ensure people were still in agreement with their care plans.

People lived independently, coming and going as they pleased and spending their days how they wished. We observed staff prompting and assisting people in the restaurant. People chose what they wanted to eat and where they wanted to eat. One relative told us "Sometimes [Name] will eat in the restaurant other time they prefer to eat in their apartment. The staff are very good they bring the food up to her."

People were supported where required to access health and social care professionals. However most of the people who were currently receiving support were independent and arranged their own appointments.

Our findings

People told us that staff were kind and caring. One person said, "They are all lovely, really nice." One relative told us, "The staff are all very good, although there have been many changes of personnel which is such a shame. I think things have begun to settle more of late." Another relative told us, "We have found the staff to be very supportive, understanding, caring and they treat people as individuals always maintaining professional boundaries."

Staff were observed to be polite and friendly with people when interacting with them in communal areas. People were treated in a warm and caring way. Staff listened to people and gave them time to respond, for example, repeating what they had said when a person struggled to hear what was being said to them. People told us that staff respected them and supported them with dignity and respected their privacy.

One person said, "I feel comfortable being supported by all the staff members who care for me. I like them all very much." We saw that staff knocked or rang the doorbell on people's apartments and waited until people had answered them or they were invited in.

People and their relatives where appropriate were involved in the review and development of their care plans which were constantly being updated. Care plans detailed ways in which staff were to support people to live as independently as possible. Information recorded included people's likes and dislikes, life histories and family contacts such as who was important and involved in people's lives. We noted, and staff and people confirmed that people's religious cultural and ethnicities were documented and any specific needs, wishes or preferences people had were taken into account. For example specific dietary preferences.

People were supported by the registered manager, two deputy managers and staff who knew them well. There was an emphasis of promoting independence and maintaining family contact. We noted that a number of events had been planned by the service to include family members. For example, during our inspection we noted a memorial event was being planned which family members were invited to attend.

Another person had a birthday celebration which was planned by staff along with invites to family, friends and other people who used the service. A family member told us their relative had celebrated a recent 'special birthday and staff had really 'gone the extra mile' to make them feel special and make the celebration a great success.

The registered manager told us that family were important and welcomed at all times. In addition to regular

visits there was a 'visitor's suite' available for family to stay for extended visits.

People's records were stored securely to maintain confidentiality for people who used the service. People also had their own copies of records in their apartments so that they or their family members could access the information whenever they wished.

Advocacy services were available to support people and or their relatives with impartial advice and information. Although at the time of our inspection no one was using the service of an advocate.

Our findings

People's care plans were detailed and personalised. They included information that enabled staff to provide care in a way people preferred. People told us that care was delivered in a way they liked and by staff they knew. One person told us, "All the staff and managers are supportive, kind and help me, when I need a hand." Another person said, "Everything works very well most of the time, occasionally there is a blip but that is to be expected with a new service and things seem to have settled recently."

We noted that care plan reviews were detailed and recorded the person's views on how their care plan was working for them and anything they needed to change or amend such as days, times or duration of visits. One relative told us "My [Name] (of relative) is a work in progress, we are constantly reviewing and updating the information as things change." Relatives told us that staff were supportive when people had changing needs. One relative said, "As [person] has needed additional or different support this has been put in place."

Each care plan had a one-page profile which included important information including background, family and preferences. There was also a communication folder and daily communication log notes where staff recorded any changes or things out of the ordinary for people which helped identify any change in their needs.

People lived independent lives and spent their time as they wished. One person told us "I can be as independent as I like but can also be very involved as it is a very sociable service and there is plenty going on."

People told us that staff told them what was available each day and the 'activities' plan was on the notice board so people could see what was happening. People were supported to attend if required. A staff member told us, "We have time to spend with people. It's not just about rushing in and rushing out, we like to spend time with people as individuals." A relative told us, "There is loads going on and a good variety of interests and hobbies are pursued by people here."

There had been no recent complaints raised by people receiving a regulated activity. Complaints and minor concerns raised by other people living in the building for example in relation to the building and snagging issues, had been fully investigated and the registered manager worked hard to get issues resolved quickly. People and relatives told us that they knew how to raise concerns but had not needed to. One person said, "I haven't had the need to complain but I know I could speak to any staff member if I needed to."

Other things that had been put in place were additional external lighting. One person told us "I requested floor numbers to be clearly situated on each floor to help us identify which floor we were on. This too had been completed. The registered manager told us they had also placed a 'post box in the reception area to help maintain the safety of people as the post box was across a busy main road.

The registered manager told us that menus and activities were always discussed at the homeowner's meetings. People told us they had many groups and activities including exercise groups, quizzes and visits from beautician's hairdressers and external professionals when required.



Our findings

People and their relatives were positive about the management team and how the service was run and operated. One relative told us, "I think that [registered manager] is really good, she is very available and approachable."

The registered manager demonstrated that they worked closely with other professionals including GP's district nurses and the hospital discharge teams. For example, when people were being discharged back home the registered manager liaised with them to ensure people were safely discharged home with the correct care in place to meet their needs.

Staff were also positive about the registered manager and how the service was managed. One staff member said, "[Registered manager] is a lovely person. You only have to speak with [people who use the service], and they will tell you the same. I think she has the respect of people and their families."

The registered manager operated an open, transparent and inclusive culture at the service. Staff told us that they felt valued and motivated and worked well as a team. Staff said they enjoyed working at the service and said they felt supported in their roles.

People's views and opinions were obtained through a variety of methods which included staff and homeowner's meetings. We noted a number of things had changed as a result of these meetings. For example, people had suggested they would like some facilities for the internal communal areas and a piano and sound system had recently been purchased'.

Staff meetings were held to discuss any issues in the service and to enable staff to contribute any ideas they may have to improve the service. We reviewed minutes of staff meetings and noted that the meetings were open and staff were able to add topics to the agenda if there were areas of the service they wanted to discuss.

There were quality assurance systems and audits in place. These were used consistently and appropriately. Any shortfalls were addressed. For example, one person who was being supported told us they were not very happy with the way a staff member supported them with a specific task. The registered manager assured the person that the staff member would not be assigned to them in future. In addition to quality assurance and audits, the registered manager carried out spot checks of staff performance to ensure any areas for development were identified and staff were working in accordance with the values and culture of the

service.

The service was supported by a regional manager who helped the registered manager to make improvements and to ensure standards were being maintained. There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes or updates at the service. There were also reminders about policies, safeguarding and whistleblowing and ensuring records were up to date.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.