

Yourlife Management Services Limited

Corbett Court

Inspection report

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Date of inspection visit:
10 December 2019

Date of publication:
03 February 2020

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

About the service

Corbett House provides personal care to people in an assisted living development within privately owned, self-contained apartments. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People said they felt safe when staff were present. Relatives said their family member was safe at Corbett Court. The staff told us they had attended training in safeguarding of adults at risk. These staff were knowledgeable on the types of abuse and felt confident to report concerns.

Risks were assessed, and the actions depended on the level of risk identified. Staff told us they always assessed risks and were kept informed about changes.

People we spoke with told us they knew the staff that delivered personal care. They said the staff arrived on time and stayed for the agreed times. Records showed the schedule of visits and the care to be delivered.

People and their relatives made arrangements for the ordering and storage of medicines. Where staff administered medicines, the risks were assessed. Staff signed records where they administered medicines. Medicines were audited weekly by the duty manager and copies of the audits were reviewed monthly by the registered manager. We recommended the provider developed individual profiles regarding the person's preferences on how they took their medicines and the purpose of them.

Staff were supported with the roles they were employed to perform. Staff had attended training set as mandatory by the provider.

People or families organised their healthcare visits. People made separate arrangements for their nutritional requirements. Care plans were developed where staff supported people with their eating and drinking.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the staff were kind and caring. They told us their rights were respected. The staff we spoke with explained their approach and how they built relationships. Relatives told us the staff were exceptionally kind and had shown compassion and complimented the staff for the care delivered to their family member.

People's needs were assessed including the person's ability to manage their care needs. The person's preference on how staff were to deliver their personal care was detailed. People received minimal support

from the staff and care plans reflected the support.

Relatives told us they were part of the planning of their family member's care and were invited to reviews. People or their relatives made separate arrangements with external agencies where more extensive support with personal care was identified.

People knew who to approach with their complaints. There were no complaints received about the service since 2018.

There were a range of audits undertaken. The registered manager was supported by the area manager. Staff told us the registered manager was approachable and the team worked well together

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published in May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Corbett Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Notice of inspection

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity was started and completed on the 10 December 2019. We visited the office location on 10 December 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff. We also spoke with the registered manager and duty managers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe when staff were present. Relatives told us their family members were safe with staff. A relative explained that having staff present in the building made their relative feel safe.
- Safeguarding procedures were on display at the agency and referrals were made as appropriate by the management team. The staff we spoke with told us they had attended training in safeguarding and procedures were accessible in the office. The staff were knowledgeable about the signs of abuse and reporting concerns of abuse.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored. The staff were knowledgeable about people's individual risks and how risks were mitigated. A member of staff said "we are always risk assessing. The care plan will be very detailed on how to support people. We always make sure people have the equipment necessary."
- Multi falls risk assessments were completed for people that fell. Staff told us they had attended moving and handling training.
- Environmental risk assessments were in place for the exterior and internal communal areas. Measures to reduce the level of risk were in place where potential risks were identified.
- Personal Emergency Evacuation Plans were developed for people to leave the building safely in the event of an emergency. There was a "stay put" policy in people's own property. Staff supported people to leave the property safely if they were in communal areas at the time of a fire.

Staffing and recruitment

- People were supported by staff who had been recruited following safe recruitment processes. New staff were appointed following satisfactory reference and background checks. These included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.
- People told us the staff arrived on time and stayed for the agreed time. Relatives said staff were available in the building as needed. A relative told us as their family member's needs had increased they had organised for additional package of care from external agencies. The registered manager told us external agencies were used by some people while more staff were to be recruited.
- The staff told us there was sufficient staff to meet people's current packages of care. A member of staff told us families organised, agency staff where additional support was needed. For example, some people had organised live in carers which was outside the care packages offered by the Corbett House staff.

Using medicines safely

- Medicines were safely managed. People or their relatives managed the storing and ordering of their medicines. Staff signed medicine records where there was an agreement for staff to administer medicines. The deputy manager audited the records weekly. Staff told us they were contacted by the duty manager if there were errors with the recording of the medicines administered. The staff said their competency with medicines was assessed.
- Individual profiles were not in place although people were able to tell staff about how they liked to take their medicines, the nature and side effects.

We recommended the provider develops individual medicine profiles for people whose medicines staff administer. This would ensure staff were made aware of the person's preference on how they took their medicines, the purpose and side effects of the prescribed medicines.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. The staff told us they were provided with adequate supplies of personal protective equipment.
- People owned their own apartments within the Corbett House building, and made separate housekeeping arrangements not provided in the personal care package. We found the Corbett House building clean and free from unpleasant odours.

Learning lessons when things go wrong

- Accident and incidents were reported and documented. The relatives we spoke with said they were kept informed about any accidents. Reports showed one person had a number of falls in December 2019 which occurred in the person's apartment. The registered manager said people and their relatives were reminded to share information with them about falls that occurred when staff were not present. This was important to know because it had an "impact on the care delivered".
- The registered manager said there was a section in the accidents and incidents forms where they reviewed and analysed the report. The registered manager said where there were patterns of falls, the staff made suggestions to relatives to make referrals to the fall's clinics. Senior managers also assessed reports for patterns. They returned the reports to the registered manager where additional action was needed.
- The registered manager notified the CQC of serious injury and allegations of abuse.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The agency provided personal care to people living within the Corbett House building only. The registered manager told us the agency carried out assessments before they agreed to deliver personal care. People's assessments of needs were held in their care records. The care package to be delivered and schedule of visits were detailed in the assessment documentation.

Staff support: induction, training, skills and experience

- People were assisted by staff that were skilled and supported to meet the responsibilities of their role. People told us the staff were skilled on how to meet their needs.
- The staff said they had attended training the provider had set as mandatory. Staff told us the face to face training was now online. Some staff found this format more difficult. One member of staff said "I struggle with online training. I am more practical. It was easier to take it on." Another member of staff said the registered manager was aware of the staff's concerns.
- We saw certificates for face to face training attended by staff in 2019. This training included health and safety, basic life support, moving and handling and safeguarding of adults at risk.
- The staff had regular one to one meetings with their line manager. The staff told us they discussed concerns, personal development and there were opportunities to make suggestions. Copies of supervision notes were kept in staff files.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people's care package included assistance with meals the agreement was mainly for staff to assist with the breakfast and tea time meals. A relative told us the staff supported their family member with breakfast, the lunchtime meal was in the dining room and they provided the tea time meal.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People made arrangements for their ongoing healthcare needs or were supported by their relatives. Staff told us they accompanied some people on health care appointments. Outcomes of healthcare appointments were documented when people wanted staff to know about the visit. A relative told us they would normally arrange healthcare appointments and the staff contacted medical services in the event of an emergency.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People we spoke with told us they made their own day to day decisions and their relatives helped them with complex decisions. A relative confirmed their family member had capacity to make decisions. They said their family member was "strong minded" and they had lasting power of attorney for finance.
- Staff told us consent was gained before personal care was delivered. The registered manager said people receiving personal care had capacity to make decisions. The registered manager said they had not applied to the court of protection for continuous supervision and to deprive people of their liberty, as this was not needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by staff that were caring and kind. People told us the staff were caring and were "very good". One person said the staff "looked after people and there was time to sit and chat." Another person said the "staff were very much caring. Kind and compassionate."
- Relatives told us the "staff are very caring and respectful." A relative told us the staff had built a relationship with their family member. This relative said "they were amazing, they were respectful and caring towards another family when end of life care was being delivered."
- The registered manager told us they ensured the staff were caring towards people. They said people's feedback was welcome and staff's practice was observed. This included, spot checks and working alongside staff.
- Staff told us they supported people in a caring and compassionate manner. A member of staff said the way they approached people showed a caring manner. . This member of staff said "I get to know people as individuals. Their likes and dislikes. A caring word to that person means a lot." Another member of staff told us "we are very good listeners, we are positive and we sympathise."
- Staff explained why building trust with people was important. A member of staff said, "I treat people as I would like my grandparents treated." Another member of staff said "on a bad day they [people] will cheer us up. We always smile. We have a good attitude towards people."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us their rights were respected. The staff gave us examples on how people's rights to privacy and dignity were respected. One member of staff said "I knock before I enter, I cover the person when I provide personal care. I ask them if its ok. I don't assume that they want me to wash them." Another member of staff said "we give people choices and we ask people. We don't go in and tell people what to wear. We tell people what is happening, they say how they want it and how."
- Relatives said the staff were kind and caring. A relative said "yes [name] rights are respected."
- People and their relatives told us there were home owner's meetings and they were able to make suggestions at these meetings. A relative told us that at homeowner meetings they had made suggestions about meals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned and individual to them. People told us copies of their care plans were in their apartments and they had access to their care records. Relatives told us they were invited to care plan reviews. They were able to make suggestions and where appropriate the care plans were updated.
- The staff told us care plans were developed by the registered manager and there was an expectation they read the care plans. They told us care plans included information on how to meet people's needs in their preferred manner. A member of staff told us when they started work at the agency they got to know people's needs because they read the care plans. Another member of staff said people were able to express their wishes and preferences about their care needs.
- There were daily handovers where staff were kept informed about people's current needs. Daily reports were completed by staff on the nature of their visits and direct care delivered.
- One-page profiles were individual to the person and gave a brief overview on the assistance needed from staff. This included people's preferred first names, likes and dislikes. [
- Care and Support plans included people's contact details, the person's abilities to meet aspects of their care and the assistance needed from staff. Where there was involvement from relatives, this was included in the care plans. While care plans reflected people's current needs more detailed must be included as people's personal care needs increase.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us notices were always in a bright and bold format for people with impaired vision. Staff used written communication when people with hearing loss were not able to understand verbal communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Notice boards in the Corbett House building were used to inform people and their relatives about events such as meetings and entertainment. The staff told us there were opportunities to undertake and join group activities in the afternoon. A member of staff said time was allocated in the rotas for staff to accompany

people on outings.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in Corbett House building. People and relatives said they knew who to complain to. One relative told us they had raised concerns about one member of staff which the registered manager resolved. Another relative told us they had complained about facilities.
- There were no complaints made since Sept 2018. Where complaints were made, the registered manager had apologised and explained the outcomes of the investigation.

End of life care and support

- The registered manager said end of life care was not provided by the agency. The registered manager said relatives made alternative arrangements for end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The values of the organisation were on display in the Corbett House building and included "Passion, Responsibility, Innovation, Determination and Excellence (PRIDE)." The staff told us they promoted "independent living." A member of staff said "it's nice to see people being independent. They still go out to the shops [independently]." Another member of staff said they delivered "quality of care and support. We work towards the goal and we promote independence." The registered manager said behaviours framework were linked to the values which "work, they are an important part of what we do. People are having their needs met. It's a big happy family".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they were kept informed of any negative event by the staff.
- The provider understood their regulatory requirements to report notifiable incidents to CQC and the local authority. They understood their responsibility to be open and honest when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in post. This registered manager told us their style of management was approachable and staff had opportunities to have lead roles in areas of interest. They said this meant staff had a point of contact for specific areas such as care plan reviews and health and safety checks.
- Staff told us the registered manager was approachable and worked "hands on when needed". A member of staff said the registered manager worked alternate weekends which benefited staff and people.
- The registered manager was supported by the area manager. The quality of service delivery was audited by the registered manager. They told us the audit reports were analysed by the appropriate area manager. Copies of audits included medicine systems, care plans, environmental risk assessments and fire safety. For example, the health and safety audit dated March 2019 showed all areas checked were met.
- There were systems in place which gave staff feedback on the actions to take to fulfil their roles. These systems included one to one supervision with their line manager and team meetings. Staff meetings were six per year. The staff meeting held in December 2019 was attended by the registered manager and seven staff. The discussions related to the activities organised, staff updates on policy changes, and routines of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views from people and their relatives were gathered through surveys. There were 30 responses from the 47 surveys sent to people. People responded to questions about the safety and security of the property, their packages of care and their rights. The feedback was positive and direct comments in the surveys included "dedicated staff". It was recognised there had been an increase in staffing levels.
- Relatives told us they were able to give feedback through homeowner meetings and surveys. One relative told us there was direct contact with the registered manager.
- People and relatives told us the registered manager and staff were approachable. A relative said "I can email and I can set up a plan. Communication is very good. [Name] is valued they are quite fond of [person]. They are good with her. I would love her to stay here until her end."

Continuous learning and improving care

- The registered manager said accident reports were completed and short and long term plans were developed as appropriate following events. Senior managers analysed the reports and gave the registered manager feedback if further action was needed.
- The registered manager said staff were given direction and stated "I will be firm but fair. I am still going to be the leader."
- The registered manager told us staff recruitment was a challenge as external agencies were being used where additional support was needed to meet people's package of care.

Working in partnership with others

- External agency staff told us the staff were always very welcoming to them when they arrived at Corbett House. They observed the staff being very caring towards people.
- The registered manager told us there was partnership working with external agencies and health professionals such as physiotherapists and occupational therapists.