

Yourlife Management Services Limited

Your Life (Potters Bar)

Inspection report

Mandeville Court
261 Darkes Lane
Potters Bar
Hertfordshire
EN6 1BZ

Tel: 01707651974

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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

About the service:

Your Life (Potters Bar) operates a supported living scheme in a modern and purpose-built private development in Potters Bar (Mandeville Court). The property consists of 53 flats privately owned and occupied by older people who also share some communal areas and facilities including dining rooms, lounges and gardens.

Not everyone using Your life (Potters Bar) receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection four people who lived at Mandeville Court received the regulated activity of 'Personal care'.

People's experience of using this service:

People felt safe receiving care from Your Life (Potters Bar). Risks to people`s health, safety and well-being were assessed and measures put in place to remove or reduce the risks. There were enough skilled and safely recruited staff available to meet people's needs. People's medicines were managed safely. Staff had received training in infection control practices and personal protective equipment was provided for them. The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in put place were effective.

Staff assessed and documented people's care needs and preferences, people's support was based on this. People and relatives said staff were trained to do their jobs well. Staff received regular training updates and felt supported in their roles. People using the service did not need support to eat and drink. Staff and the management team worked well with external professionals including district nurses, GPs, mental health team and other care agencies. People said staff always asked for consent when supporting them. Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice.

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.

Staff communicated with people in a kind and respectful manner. People and their relatives were positive about the care provided. People were consulted about changes to their care and regular reviews were undertaken of people's support needs involving people, their relatives and other professionals as needed. People told us their privacy and dignity were respected and that staff supported their independence. Staff understood people's needs and care plans were written in a way that promoted people's dignity and independence.

People received care that was tailored to their individual needs, likes, dislikes and preferences. The service

was not responsible for providing opportunities for activity and stimulation. However, the homeowner's residents' association and social committee ensured there was a good mix of social activity for people to enjoy. The provider had ensured that all documents could be made available in larger print and there was an option to get any documents produced in braille if needed.

The provider had a complaints and compliments policy. The registered manager told us they had not received any formal complaints. People and their relatives told us they would be confident to raise anything of concern with the management team. People had been encouraged to identify their preferences and put plans in place for when their health deteriorated. People were supported to stay in their own home if they chose to do so when they approached end of life and extra support was put in place to facilitate this if needed.

The registered manager and staff knew people and their families well. This enabled positive relationships to develop and good outcomes for people. The registered manager led by example. People, their relatives and the staff team praised the registered manager for leading the service well and demonstrating a clear ethos of caring and respect. The provider had developed systems to monitor and evaluate care provided to people. Effective systems were in place to learn from accidents, incidents and complaints. Where any shortfalls were identified, these were acted upon in a timely manner to promote people's safety and wellbeing.

Rating at last inspection:

The last rating for this service was good (published 20 June 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 ●

Your Life (Potters Bar)

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 planned this inspection to check 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

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care service. It provides personal care for people living in their own apartments.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection site visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection was undertaken on 12 December 2019.

What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager and two care workers.

We reviewed a range of records. This included two people's care records and 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 were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The provider had effective systems to help protect people from the risk of harm or abuse. Staff received training and were confident about what and how they would report any concerns both internally to the service management and externally to local safeguarding authorities.
- People told us they felt safe. A person said, "They (staff) are pretty good here, I always feel safe." A relative said, "I am over the moon. The support [person] has gives me complete peace of mind."

Assessing risk, safety monitoring and management:

- Risks to people`s health, safety and well-being were assessed and measures put in place to remove or reduce the risks. Risk assessments allowed for positive risk taking and enabled people to stay independent.
- The provider helped ensure people received support in the event of an emergency. A team manager undertook a 'sleep in' duty each night so there was always someone available in the event of an emergency.

Staffing and recruitment:

- People and relatives told us they felt enough staff were available to meet people`s needs. People told us they received their support in a timely manner and there was always someone available to provide additional support if needed.
- Safe and effective recruitment practices were followed to help ensure staff were of good character, physically and mentally fit for the roles they performed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS) before staff were employed by the service.

Using medicines safely:

- People's medicines were managed safely. Competency assessments were completed following the training to confirm staff had a good understanding in this area. A staff member told us, "[Registered manager] does monthly audits, she has physically watched me do medicine administration." Medicine administration records (MAR) were checked regularly by the management team to help identify any concerns. This helped to ensure that people received their medicines as prescribed.
- People were satisfied with the support they received with their medicines. A person said, "[Staff] put my medicines out for me and fetch me a glass of water. They helped me with creams on areas that I can't reach myself."

Preventing and controlling infection:

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons were provided for them.

Learning lessons when things go wrong:

- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

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 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

- Staff assessed and documented people's needs and preferences in relation to their care, and planned support based on this.
- People's outcomes were good. For example, one family member told us, "Staff have found a really good balance with providing care and support whilst maintaining [relatives] independence." A person told us, "I could ask for more help if I needed but they do everything they could possibly do."

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were trained to do their jobs well. One person said, "[Staff] are all skilled, they know what they are doing. They are all lovely."
- Staff told us that they received training in areas such as safeguarding, moving and handling and the Mental Capacity Act (2005). A staff member said, "I felt e-learning was brilliant. We can access it at home. We learn a lot on the job, I shadowed an experienced staff member for my first four to five days. There is always someone to ask." The staff member added, "I feel this is a company I can grow in. I am doing my NVQ (National Vocational Qualification) next year, I have my sights on a senior role."
- Staff received supervision and competency observations to ensure that they had the knowledge to perform their job roles. A staff member told us, "We have regular supervision, it is the opportunity for us to bring up anything we wish."

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

- People made their own meals or had use of external catering service that provided meals in the communal dining area. People were generally positive about the quality and choice of meals.

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

- Staff and the management team worked well with other professionals including district nurses, GPs, mental health team and other care agencies.

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. We checked whether the service was working within the principles of the MCA and found that it

was. 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 told us that staff always asked for consent when supporting them. We saw that people had been asked for consent to be supported in line with their care plans and risk assessments.
- Staff received training in the MCA and had a good understanding of how to put this into practice.

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 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; equality and diversity

- Staff communicated with people in a kind and respectful manner. Staff had a good understanding of people they supported. A person said, "The staff are really super, they all treat me with respect."
- People and their relatives were positive about the care at the service. A relative told us, "The staff go over and above in my opinion, they are so devoted and very caring. They make people feel important."
- People's care plans and records written by staff used respectful language and gave a good overview of how people were supported.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans showed that they were consulted about changes to their care and that these were documented. A staff member told us, "It is their home and their life, they make changes. We just manage it for them." Regular reviews were undertaken of people's support involving people, their relatives and other professionals as needed.
- People were able to choose how and where they spent their day, either in their own apartments or together with other homeowners in the comfortable and pleasant communal areas.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "I always have the same staff, it means that you feel really comfortable with them."
- People were happy that staff supported their independence. A person told us, "I am very grateful for all they do. They are so considerate they will do anything." Another person said, "[Staff member] is perfect, she does everything I need, I don't need to ask."
- Staff knew how to support people and care plans were written in a way that promoted people's dignity and independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question 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 received care that was tailored to their individual needs, likes, dislikes and preferences.
- People's care was adapted to meet their changing needs. The management team gave us examples where people's needs had gradually increased or decreased, and their care packages had been amended accordingly.
- The service was not responsible for providing opportunities for activity and stimulation. However, the homeowners had a residents' association and social committee who ensured there was a good mix of social activity for people to enjoy.

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 reported that all documents are made available in larger print and the service has the option to get any documents produced in braille.
- The registered manager held weekly coffee mornings with homeowners. They told us this helped to encourage communication with people.

Improving care quality in response to complaints or concerns

- The service had a complaints and compliments policy in place and this was available in different formats for people to use.
- The provider maintained an overview of any complaints received to assess themes across all their services and demonstrated that people's concerns were important to them.
- The registered manager told us they had not received any formal complaints. People and their relatives told us they would be confident to raise anything of concern with the management team. One person said, "I have never had to raise a complaint if I did need to I would speak with [registered manager.]" Another person told us, "I am very happy, I am very satisfied, have no complaints."

End of life care and support

- People had been encouraged to identify their preferences and put plans in place for when their health deteriorated. The registered manager had met with the homeowners to talk about end of life support. A booklet was made for people to record their end of life care preferences. Some people completed the booklets and some chose not to.

- People were supported to stay in their own home if they chose to do so when they approached end of life and extra support was put in place to facilitate this when needed.
- The registered manager told us that they and the staff team worked with GPs, district nurses, MacMillan nurses and people's relatives to help ensure people's needs and wishes were met.

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

- The registered manager and staff team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone living at the service, people's relatives and other stakeholders. The registered manager and staff knew people and their families well, which enabled positive relationships to develop and good outcomes for people.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules about protecting and keeping people's information safe.
- The registered manager led by example. A relative told us, "[Registered manager] is very good, she is a team leader and it comes from top. Her caring ethos is shared by the whole team." A staff member told us, "[Registered manager] leads by example, we all look to her. She is unflappable, she is very calm. I cannot say enough good things about her, she is such a good manager."

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

- The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate care provided to people. Concerns, incidents, accidents and notifications were reviewed by the provider's senior management team. This was to analyse and identify trends and risks, to prevent re-occurrence and improve quality.

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

- The roles of management and the staff team were clearly defined and understood.
- Risks to people's health, safety and wellbeing were effectively managed through the provider's governance systems.
- People, relatives and staff all told us they felt the service was managed well. A person told us, "I think service is very well managed. Staff are very thoughtful. [Registered manager] is always here if I need any help or advice. I am very happy." A staff member told us, "I would recommend the service to other care workers looking for a position and I have done. I really enjoy my job. We are not just staff, we are family."

Continuous learning and improving care

- The provider had developed effective systems to monitor the quality and safety of the service.
- Systems were in place to learn from accidents, incidents and complaints.
- Where any shortfalls were identified, these were actioned in a timely manner to promote people's safety and wellbeing.

Working in partnership with others

- The service worked closely with other agencies to help ensure good outcomes for people. This included working with health and social care professionals to help ensure people received the care and support needed to meet their needs.