

Yourlife Management Services Limited

YourLife (Northampton)

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

This announced inspection took place on 11 April 2017. Yourlife (Northampton) provides a personal care service to people who live within an assisted living housing complex. At the time of our inspection the service was supporting seven people.

There was a registered manager at the time of our inspection. 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.

People received care from staff that were friendly, kind and caring; passionate about providing the care and support people needed and enabling people to remain as independent as possible.

Staff had the skills and knowledge to provide the care and support people needed and were supported by a registered manager who was visible and approachable, receptive to ideas and committed to providing a high standard of care.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist support workers to provide care and support respected each person's individual requirements and promoted treating people with dignity.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. People told us that they felt cared for safely in their own home. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

The registered manager was approachable and there were systems in place to monitor the quality and safety of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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 that they felt safe and secure; staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good 

The service was effective.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.□

Is the service caring?

Good 

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and preferences.

Staff promoted peoples independence to ensure people were as involved and in control of their lives as possible

Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The provider and registered manager monitored the quality and culture of the service and strived to lead a service which supported people to live as independent a life as possible.

YourLife (Northampton)

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 announced inspection took place on 11 April 2017 and was undertaken by one inspector. The provider was given less than 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we sent out questionnaires to the people who used the service and to the staff. We reviewed the completed questionnaires and checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service, two care staff, a duty manager and the registered manager.

We reviewed the care records of three people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People were supported by staff that knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. One person told us "I feel very secure and comfortable here; the staff are very caring and friendly." Staff told us that if they had any concerns they would report it straight away to one of the duty manager's or the registered manager. Staff had confidence that management would take the appropriate action. We saw from staff records that all staff had received safeguarding training and undertook regular refresher training.

Peoples' individual plans of care contained risk assessments to reduce and manage the risks to people's safety; these included risks in relation to taking medicines and to the environment. For example one person had a cat; a risk assessment had been completed around the risk of the person tripping over the cat. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred.

Training records confirmed that all staff had received health and safety and First Aid training. Accidents and incidents were regularly reviewed to look for any incident trends and control measures were put in place to minimise the risks.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for Yourlife (Northampton).

There was sufficient enough staff to meet people's needs. A service was only provided if there were sufficient staff hours available to undertake the care required. One person told us "The staff usually come within 15 minutes of the time agreed and never leave without asking me if they can help me in any other way; you get to know them as they are always the same staff coming in." The staff we spoke to said they felt there were enough staff and that they had the time to support the person with their personal care needs and because they were usually allocated the same people they were able to offer consistent care. We could see from the staff rota that the needs of people had been taken into account when planning the rota.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and training records confirmed that this was updated and staff competencies were tested. We saw that Medication Administration Record sheets had been correctly completed and audits of medicines were undertaken on a regular basis.

Is the service effective?

Our findings

People received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People were confident in the staff and felt they were all well trained and understood their responsibilities. One person told us "The staff are brilliant, really good; they all know what to do." Another person told us "The staff are all good and understand how to help me."

New staff undertook a thorough induction programme which included training in First Aid, health and safety, safeguarding and fire evacuation. The registered manager worked alongside new staff to ensure they fully understood the support they were to give to people before they were allowed to work alone. Staff were encouraged to undertake more specialist training such as training in dementia care. One member of staff described to us about the training they had undertaken in relation to dementia care and how it had helped them to understand more about the impact dementia had on people; for example they told us about how a person might perceive a change in flooring as it being water and they could not cross it. Another member of staff told us about how they had been encouraged to undertake more qualifications and was in the process of completing a National Vocational Qualification at Level 3.

Staff were well supported in their roles. All staff received regular supervision and on-going support. One member of staff told us "This is a great place to work; if you need anything you just have to ask and you are encouraged to do more training if you want to." Each day staff were kept informed as to how people were and if there were any changes to their care needs. Staff records confirmed staff received supervision which provided feedback about their performance and identified further training they could benefit from.

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 we saw that they were. Staff sought the consent of the individual to complete everyday tasks; they were aware if a person had been deemed to lack the capacity to give their consent the service would ensure that appropriate steps had been taken legally to identify someone to act in their best interests. We saw from records that where someone had been deemed to lack capacity that information about who had power of attorney for them was recorded and that staff liaised with the relevant people when necessary.

People were encouraged to remain independent and prepare meals for themselves within their own home. However, if they chose to they could have meals prepared for them which they could have either in their home or in a communal dining area in the complex. As part of people's care plans information had been gathered about people's nutritional needs and when needed people's food intake was monitored. The registered manager told us about how they had been able to support and encourage someone with visual impairment by placing their food on their plate in a clock face position so the person could choose what food they felt like eating.

People remained responsible for seeking any assistance with their healthcare needs but if staff were concerned about anyone's health they would contact their GP on their behalf. The staff would take the necessary action in an emergency.

Is the service caring?

Our findings

People were supported by staff that they described as very friendly, kind and caring and who were always willing to help people in any way they could. One person said "The staff always have time for you, they are like friends; we have a good chat and a laugh." Another person said "The staff always have time for you and don't rush you when they are helping you; they are all very good."

Care plans included people's preferences and choices about how they wanted their support to be given. People told us that staff understood their needs, took time to listen to them and respected their wishes. We saw that staff had built up positive relationships with people and knew people well. One member of staff told us "It is important to keep the care plan and contact sheets up to date so that we all know what is going on; the care plans are good and give us the information we need to be able to talk to people about their life and family."

People received their care in a dignified and respectful manner. Staff spoke to us about how they maintained people's dignity; they described closing curtains and doors to ensure no one could see in and covered people up as much as possible to maintain their dignity at all times. People told us that they felt staff respected their dignity and privacy and never spoke to them about other people who used the service. One person told us "I was asked whether I would be comfortable and happy with a male carer, which I am; they are good." Throughout the inspection we saw staff smiling and chatting to people as they went about their daily duties. There was a warm, friendly atmosphere around the building.

The people receiving personal care were able to express their wishes and were involved with their care plans. We spoke to the registered manager about what support was available should a person not be able to represent themselves or had no family to help them. The registered manager explained that if that situation did arise they would support the person to get an advocate. At the time of the inspection no one had needed the support of an advocate.

Is the service responsive?

Our findings

People and their families were involved with the planning of their care. People were given information about the personal care service as they moved into the complex so any requests for the service came directly from people to the registered manager. The registered manager would then meet with the person and their family, if they wished for their family to be involved, to discuss what the person needed. We saw that from that initial meeting a care plan was drawn up with the person which detailed the support they needed and when they needed it. One person told us "I met with [name of registered manager] and we talked through what I needed; we know things may change and the plan will be changed as and when necessary. It is a first class service here."

The care plans were person-centred and initially reviewed after 4-6 weeks and then every 2-3 months or as and when necessary. The registered manager explained that "As we get to know people better we often add more things within the care plans." We saw that the care plans were detailed and contained sufficient information to instruct the staff. Staff were expected to sign when they had read the plans. Daily records were kept and people confirmed with us that staff always read and completed the daily record to ensure everyone was kept up to date and informed of any changes. Staff told us that they would report any concerns or issues to the duty manager and that they spoke daily with the managers so that everyone was kept up to date. We saw a daily communication book which managers and staff wrote in which ensured that as staff came on shift they were kept up to date with things.

People were supported to pursue their interests and there was regular entertainment and activities available to people on the complex if they wished. One person we spoke to told us they spent a lot of their time in the communal areas as they enjoyed the company of people around them.

People and their families were given information about what to do if they had a complaint. People told us that they would speak to the registered manager or any of the staff if they had a complaint. There was a monthly coffee meeting which people could attend and raise any issues or concerns. However, the people we spoke to had nothing but praise for the care and support they received. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to and where a complaint had been raised, it had been responded to in a timely manner and appropriate action taken.

Is the service well-led?

Our findings

People benefited from receiving care from a team of staff who were committed and enabled to provide consistent care they could rely upon. The registered manager was passionate about providing the best possible care to people and was visible and approachable.

Everyone we spoke with was complimentary about the service and the management of it. People and staff told us communication was good and they had positive relationships with the registered manager. One person told us "[Name of registered manager] is very good, always helpful and available." Another person said "[Name of registered manager] is very approachable; I know I can talk to her at any time." The staff all spoke positively of the registered manager and provider and felt it was a great environment to work in.

The ethos of the service was to support people to live as independent a life as possible. We saw through speaking to the staff and people that people felt enabled and encouraged to do things for themselves and remain in control of their lives. The registered manager told us about one person who initially moved into the complex with limited mobility; we met the person who was able to walk to meet with us.

People were encouraged to give their feedback and there was regular meetings held with the people (owners) which gave them the opportunity to raise any issues or concerns and suggest any improvements. We saw that there had been no suggestions in relation to improvement of the personal care service.

The staff had regular team meetings and were able to share ideas and suggestions to how they may make the service better. Staff spoke positively about the work they did and it was evident that they were committed to provide the care and support in an environment that they would wish their own relative to be in.

There were systems in place to monitor the quality and effectiveness of the service. Regular audits of care plans and medicine administration were undertaken by the registered manager and duty managers. The provider visited the service each month to monitor the service and support the registered manager. Action was taken to address any shortfalls.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were kept. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding and recruitment procedures. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager understood their requirement to submit appropriate notifications to the CQC.