

Yourlife Management Services Limited

Your Life (Southsea)

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

About the service:

Your Life (Southsea) provides care and support to people living in their own home.

People's experience of using this service:

People told us they were happy with the service provided by Your Life (Southsea). We saw people were encouraged to be independent. Staff understood people's individual communication needs and worked in proactive ways to provide person-centred support. The registered manager supported staff to provide effective care for people through person-centred care planning, training and supervision. They ensured the provision of best practice guidance and support met people's individual needs.

People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this for people and provided the structured support people required. This enabled people to achieve positive outcomes and promoted a good quality of life. The service had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity. People, their relatives and staff told us they thought the service was well led and spoke positively about the registered manager. The provider and registered manager carried out numerous audits to ensure the service was effective. Staff supported people to integrate into their local community and the culture of the service promoted the values of supporting people to be as independent as possible.

Rating at last inspection:

This was Your Life's (Southsea) first inspection since registration.

Why we inspected:

This was a planned comprehensive inspection. Newly registered services are inspected within a year of their first registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 (Southsea)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type: This service provides care and support to people living in their own homes. At the time of our inspection nine out of 69 homeowners were receiving a regulated activity.

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:

This inspection was unannounced.

What we did:

Before the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

This inspection included speaking with eight people, four relatives, the registered manager and the area manager. We reviewed records related to the care of four people. We reviewed recruitment files for four staff. We looked at records relating to the management of the service including;

- Policies and procedures
- Audits and quality assurance reports
- Records of accidents, incidents, compliments and complaints

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 registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. A member of staff commented, "McCarthy and Stone have policies in place which protect people. All staff complete training when employed by McCarthy and Stone".
- Information about safeguarding was available to staff and visitors to the service.
- Staff were aware of the signs of abuse and the importance of observing changes in people's behaviours when they may not be able to communicate their feelings verbally.
- A system was in place to record and monitor incidents and this was overseen by the registered manager and regional director to ensure the appropriate actions had been taken to support people safely.

Assessing risk, safety monitoring and management.

- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. A member of staff commented, "McCarthy and Stone complete risk assessments on individuals which are supported with our services and policies and procedures are put in place so that individual's rights and freedom is protected".

Staffing and recruitment

- People told us there were enough staff available. One person said, "Yes, there is always someone around if you need it. They come and see me when I need it in the morning and in the evening for my tablets".
- Staff told us they felt there was always enough time available to carry out both planned and reactive tasks for each person and that people received unhurried support in line with agreed care plans.
- Staffing levels were calculated according to people's needs. There were plenty of staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings. A staff member commented, "It [staffing] is worked out so that there are sufficient staff on duty to keep people safe and meet their needs and by different budgets being available depending on how many hours and they type of service we are providing.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff. The registered manager told us continuity of staff was important for people and made every effort to ensure the same staff were used where possible.

Preventing and controlling infection

- People told us that staff always use gloves and aprons.
- Staff completed training in infection control.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary. A member of staff commented, "All staff are required to complete infection control online training. Personal protective equipment such as aprons and gloves are provided and staff are required to wear them when carrying out services for homeowners".
- Throughout the inspection we observed staff using PPE appropriately.
- Staff in the dining area wore aprons over their uniform during the meal time.

Learning lessons when things go wrong

- The registered manager had effective arrangements in place to learn lessons. They told us, "I carried out a competency assessment because I wasn't confident in the staff regarding infection control and medication administration. We had a supervision and further competency assessments. All is fine now".

Using medicines safely

- People and their relatives told us people received their medicines on time and as prescribed.
- Staff were trained and administered medicines safely and the registered manager told us they observed staff practice to ensure they were competent. A member of staff commented, "Firstly, all staff are trained in medication administration that is completed online and have regular medication observations carried out. All medication is kept in the homeowners individual apartments and is supported with a Medication Administration Record [where required] that is completed by staff".
- Medicines records were accurately maintained and no errors had been made.

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.

Good: 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

- People's needs were assessed and regularly reviewed. A member of staff commented, "Individuals needs are met by following their individual care plans and by having care plan reviews. This also ensures a high standard of care and services is always provided. Examples include, using language and communication appropriate to the individual, respecting their values and beliefs and respecting cultural and religious values".
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. A member of staff said, "We treat people with respect irrespective of their individual characteristics".
- Care plans included people's needs in relation to their culture, religion and diet. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed mandatory training to meet their needs. Staff told us they were supported by the registered manager through regular supervision and an annual appraisal.
- People told us they thought staff were well trained and knowledgeable. New staff were supported to learn about people's needs by familiar staff. This supported people to experience a continuity of care and minimise any distress or disruption caused by new unfamiliar staff.
- Staff told us they worked well as a team. We saw staff interactions with each other were respectful, friendly and calm. They told us the manager helped ensure stability and a positive working environment.
- Staff told us they were encouraged to undertake additional training. All new staff were expected to undertake the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care based roles.

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

- People were encouraged and supported to maintain a balanced diet. A member of staff commented, "We have a bistro on site at the development for individuals to come and eat and drink. For individuals requiring extra support to maintain a balanced diet we provide a tray service, supper trays or a care call that involves preparing a supper of the individuals choice".
- People who used the bistro were very complimentary about the quality of food and options available to them.
- The majority of people receiving care from the Your Life (Southsea) used the bistro. The atmosphere in the dining area was excellent. People were constantly engaged with each other discussing a variety of topics

including politics, the weather, family and holidays. The environment encouraged meaningful friendships which people clearly valued.

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

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy. A member of staff commented, "We work closely with outside professionals such as doctors, nurses and physiotherapists. This allows us to work within a multidisciplinary approach ensuring that all individuals needs are met".
- Daily records, care reviews and the visitor logs demonstrated the registered manager and the staff worked effectively with external healthcare professionals to ensure people received appropriate care and support.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff ensured that people were involved in decisions about their care.
- Capacity assessments had been completed for people and decisions made in their best interests were recorded. A member of staff commented, "All individuals must consent to any care or services they receive. Care plans are in place and the individual signs them to give their consent. The care plans are updated regularly with the individual. All individuals have the capacity to give consent unless proven otherwise by legal/lawful outside professionals".

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.

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 promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way.
- A relative said, "The staff here are very respectful of people and they don't judge"
- Throughout the inspection we observed staff treating people with warmth, compassion and kindness.
- Staff knew people very well, including their personal history and preferences. We observed a member of staff speaking with one person about their time during the war and how it had impacted on them as a young person growing up. The staff member was interested and demonstrated compassion.

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

- Staff supported people to be involved in and agree decisions about their care.
- People's communication needs were recorded in care plans. Staff knew people well and understood when they wanted help and which communication strategies worked best.
- Information was available for people in accessible formats. For example, easy read documents had been produced for people who could not understand written words.
- Staff were creative in assisting people to remain independent. For example, one person enjoyed having their hair treated and cut by a particular hairdresser who worked out of the area. Staff supported the person to access public transport and assessed the risks associated with the activity. The person said, "I used to go to London to have it done but this time we are going somewhere else. I love getting my hair done, it's very important to me and the staff have done a wonderful job to help".

Respecting and promoting people's privacy, dignity and independence.

- Staff spoke with pride about their jobs. Staff were particularly proud about their achievements, where they had made a positive difference to people's lives. A member of staff commented, "Staff have stayed on duty to enable a homeowner to access an outside activity. I have been involved in arranging and supporting different activities within the development, for example homeowner's birthdays, a fashion show evening and a fine dining evening". This was one of many comments and observations which demonstrated staff encouraged and motivated people to maintain their independence and dignity.
- People were supported by staff who understood the importance of respecting people's privacy and dignity.
- All records containing information about people living in the home were kept locked when not in use to maintain confidentiality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were encouraged to participate in activities. One person's care plan detailed the desire to participate in exercise. A member of staff commented, "At the development we have a twice weekly seated exercise activity programme and a well-being suite is provided". We observed this activity taking place and found people thoroughly enjoyed themselves.

- Care plans explained in sufficient detail the things people could do, and the things they needed staff to support them with. Records documented the care required to support people to maintain good skin integrity, assistance required to take medicine safely and the care needed to support people with their mental well-being. A member of staff commented, "People at the development receive personalised care by working closely with senior staff to ensure their needs are met. This is achieved by adopting a person-centred approach. All care plans are reviewed every three months with the individual which allows for changes in needs to be addressed and any changes in care services to be agreed and put in place".

- People were encouraged to keep in touch with friends and family. A relative said, "The staff keep in contact with us about mums' health and how she is doing. We are really pleased mum is here because the staff meet her needs well".

- People were able to maintain their personal faiths and beliefs, for example by supporting people to attend church services if they wished.

- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The provider had an AIS policy in place and we found the principles of the standard were followed in some areas of the home, for example, we saw photographs were used on the food menu board to make food choices accessible to people. There were a number of events and activities advertised throughout and on the notice board which were provided in a format people could understand.

Improving care quality in response to complaints or concerns.

- People knew how to make a complaint and they were confident their complaints would be listened to and acted upon.

- The complaints procedure was discussed during the initial assessment and during care reviews. People had been encouraged to speak out and they were reassured their complaints would be listened to. A member of staff commented, "An accessible complaints policy and procedure is in place that allows homeowners to leave comments or concerns. This then allows staff to address and rectify any issues to ensure all receive the best possible standards".

End of life care and support

- At the time of our inspection no one was receiving end of life care.

- The provider had suitable arrangements in place should someone need end of life care.
- The registered manager provided us with an example that demonstrated staff were knowledgeable and competent to deliver safe and compassionate 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision.
- Staff understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The organisational visions and values focused on the effectiveness of team working and person-centred care. Staff reflected these principles in their comments to us and during the delivery of care.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards.
- The registered manager told us the ethos of the organisation supported an 'open door' approach from managers. Staff consistently commented that senior staff were approachable and supportive.

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

- The registered manager understood their responsibilities of their registration.
- There was a clear staff structure throughout the service and the registered manager had developed lines of delegation with the senior staff for the day-to-day running of the service.
- There were systems in place to monitor the safety and the quality of the service. Audits were completed on a regular basis and where shortfalls were identified, these were addressed in an action plan. During feedback the registered manager was receptive to our findings and was enthusiastic to implement new ideas and suggestions. After our visit the registered manager sent us an action plan detailing specific areas they wanted to develop within the service.
- Senior staff were a regular presence in the service. The area manager had recently joined the organisation and was enthusiastic to learn about the location and the people using the service. They were passionate

about their role and were keen to provide us with ideas on how to drive improvement.

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

- During our inspection a nursery home owner visited the registered manager to discuss the children coming to the location to meet people using the service. The registered manager said, "It's important to build up the community link". The visitor who also had a relative using the service said, "This place has changed all of our life's and for the better".
- The registered manager was enthusiastic to develop relationships further with other educational and community services.

Continuous learning and improving care

- The registered manager regularly reviewed the service provided for people. Learning from reviews, meetings and feedback from the companies own observations were fed back to the staff and incorporated wherever possible in care plans, policies and procedures.