

Yourlife Management Services Limited

Your Life (Lymington)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 18 February 2016 and was announced.

Your Life (Lymington) is a domiciliary care service providing care and support to people living in their own homes within an assisted living complex at Farringford Court, Lymington. At the time of our inspection there were eight people using the service.

The service has a registered manager. 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 told us they felt safe and were confident in the staff that provided their care and supported them.

Care plans gave clear instructions on how people's care needs were to be met.

People were safe because staff understood their role and responsibilities to keep the safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

People were supported by staff who received regular training, support and supervision to help them provide effective care.

There were clear procedures in place for the administration of medicines. Audits were carried out monthly by the registered manager to ensure medicines were being administered safely.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People had good relationships with the staff and were treated with dignity and respect. They knew how to make a complaint and were confident that concerns would be addressed.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly. Incidents and accidents were monitored, trends identified and learning shared with staff to put into practice

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team. People had confidence in the provider and staff were clear about their roles and responsibilities.

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 were supported by staff who knew how to protect them from abuse.

Staff had received training in the safe management and administration of medicines to ensure they knew how to support people safely.

The provider had put in place a system of checks to recruit only safe and suitable staff.

Is the service effective?

Good ●

The service was effective. People felt the staff provided care that was of a high standard that met their needs.

Staff had a good understanding of the needs of the people they supported and how to meet them.

People were supported by staff who understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring. People spoke highly of the staff who visited them. They said they were always caring kind and supportive.

People told us that staff supported them with their range of needs in a respectful way.

People told us the staff team who visited them were known to them and staff knew them well.

Is the service responsive?

Good ●

The service was responsive. Peoples care records clearly set out how to support people to meet their care needs.

People spoke positively of the service they received and the flexible way they were supported with their needs.

The views of people were sought by the provider to improve the service if needed.

Is the service well-led?

The service was well led. The registered manager and the provider were well regarded by people and the staff.

The quality of care and service people received was checked and monitored to make sure it was safe and suitable.

People were consulted as part of this process and the feedback they gave was very positive.

Staff understood and followed the organisations visions and values. These included providing personalised care that ensured people were treated as unique individuals.

Good ●

Your Life (Lymington)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and took place on 18 February 2016. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff and people receiving care would be available to speak with us.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

We used a variety of methods to inspect the service. We spoke with the registered manager, three members of care staff and the area manager. We looked at records in relation to three people's care. We visited and spoke with four people in their own homes within the complex to obtain feedback on the delivery of their care and to view care records held at people's homes. We also spoke with a health and social care professional after our inspection.

We last inspected the service in May 2014 where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel very safe with my carers". Another person said, "Yes I am safe. They know what they are doing". Another person told us, "My carer is wonderful, very attentive and always happy". Other comments included, "They always call out when they come in. I feel very safe with them", and "I'm extremely safe. No worries at all".

Staff were able to explain different forms of abuse and knew how to recognise abuse. Staff told us what action they would take where people were at risk of abuse. One member of staff said, "Any abuse seen would be reported to the manager or duty manager". Staff told us and training records confirmed they had received training on how to keep people safe and recognise the signs of potential abuse. For example, staff told us they would speak with people and observe for signs of bruising or changes in their behaviour which may give cause for concern. The provider had clear procedures in place to keep people safe and knew how to report concerns to the Care Quality Commission and the appropriate authority.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

A record was kept of incidents and occurrences that had happened. Staff recorded what actions had been put in place after an incident or accident. The registered manager looked into each incident and followed up what had happened to ensure people were safe. Risk assessments had been updated or rewritten if needed after any incident where a risk was identified. For example, one risk assessment had been updated to support someone who was at risk of falling in their home.

People said they felt there were enough staff to support them at each visit that they received. Staff also told us there were enough staff on duty to provide safe care in a timely way to each person.

People were supported to take their own medicines safely in their own home and were given them when they needed them. Medicine charts were accurate and up to date and confirmed when people were given their medicines or the reasons why not. People kept their medicines securely and regular checks of the supplies were carried out. Staff had received training in the safe management and administration of medicines to ensure they knew how to support people with their medicines safely.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

There were checking systems in place to monitor the safety and suitability of people's homes. Health and safety risks were identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example, if people needed support with bathing action was taken to ensure there were no trip hazards.

Is the service effective?

Our findings

People told us that when they had started using the service the registered manager had met with them. One person told us, "When I needed to arrange some help the manager came to see me and went through everything they could do for me. Everything was looked at and I'm so grateful to them all". People told us the staff met their needs and gave them the care they wanted. Other comments from people included, "They do exactly what I ask and then ask if they can do anything more", and "They know how to help me and I don't have to tell them every little detail". A further comment was "They just seem to understand me and what I need and the get on with it".

People were supported with their personal care by staff who knew how to provide effective care and support. Staff had a good understanding of how to support the people they visited. Staff said that they provided people with a variety of support including personal care such as bathing and showering and support with medicines. Staff told us they read each person's care records before they first visited them and were given a verbal handover at the beginning of each shift which updated them if a person's needs had changed.

The service worked closely with other healthcare professionals including GPs, occupational therapists, dieticians and district nurses. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans.

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. Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless someone was assessed otherwise.

People received effective support to meet their physical healthcare needs. People told us they were able to see their GP if they were concerned about their health. Care plans contained information that showed how people were to be supported with their physical health needs. People said they had access to medical services when needed. Staff told us they regularly liaised with the community nurses about people's health and wellbeing. For example if they were concerned about someone's skin integrity and the risk of skin breakdown into a pressure ulcer.

None of the people using the service required assistance to eat their meals. Care staff involved in the preparation of food had completed appropriate training.

There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. New staff were subject to a 22 week probationary period and all staff received supervision at

six week intervals. Staff confirmed that they met with the registered manager regularly and told us they talked with them about work matters and reviewed how they were supporting people. They also said that their training needs and performance related issues were also discussed with them at each meeting.

Staff told us there was always support and someone they could contact any time for guidance. They said there was an out of hour's telephone number they could use to speak to someone for advice. One member of staff said, "At supervision I can say what I need, what training I might want. The manager will always get us on extra training courses if we want it".

Staff told us they felt positive about the regular training opportunities they were able to go on. They said the training they had done had helped them understand how to support people effectively. They told us they had undertaken training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. For example, safe administration of medicines, basic life support, dementia awareness, moving and handling and health and safety.

Is the service caring?

Our findings

People gave us positive feedback about the care they received. People told us the staff knew them very well. They said that they were always kind and caring. People told us that staff were respectful. For example, one person told us "They always knock before they come in, and they make sure you know who it is". One person said, "All of the carers are marvellous. They are all so caring they are like family". Another person said, "The staff are all lovely and we have a laugh. It really brightens my day when they come to see me". Other comments included, "Lovely girls they really do care about me" and "I am very well looked after by the carers. Nothing is too much trouble. I'm very lucky to have them".

Staff knew the people they visited very well and spoke positively about how much they enjoyed their work. One member of staff told us, "I love this job. It is fantastic". Another member of staff said, "This is the best job I have ever had and I would not want to work anywhere else. I love working with older people".

People's care and support needs were planned so that their personal needs were fully met and their independence was encouraged. For example, some people said staff helped them with personal care; other people needed support with their medicines. One person said, "The staff encourage me to do what I can for myself". Another person told us, "The carers prompt me to do as much for myself as I can".

Staff told us one of their key roles was to support people to stay as independent as they could be so that they were able to stay in their own home. People said they had been involved with their care plan before they started using the service. One person told us "The manager came and assessed me and asked me to tell her the support I wanted".

People we spoke with all told us staff respected their privacy and dignity. One person said, "My carer always treats me with respect and ensures that my dignity is maintained". Another person said, "I like to dress in my lounge in the morning after my shower and the staff support me and respect this". Staff described how they maintained people's privacy and dignity. For example, staff ensured curtains were closed when people were being supported with their washing and dressing. Training records showed that all staff had undertaken training in dignity and respect.

The registered manager told us and staff confirmed they received training in the principles of person-centred care when they completed their induction programme. Person centred care means that people should always be treated as a unique individual. Staff told us they placed a great deal of importance in delivering person centred care and this was discussed at team meetings and during their one to one meetings with the registered manager. Staff told us they had got to know and understand the needs of each person who they visited very well. They said they knew how people liked to be cared for and supported.

Is the service responsive?

Our findings

People told us that the service they received was flexible and based on the care and support they wanted. One person told us, "They turn up on time and they do what I need them to". Another person said, "They ask me what I want and do exactly what I ask". Everybody we spoke to said they usually saw a team of regular staff and that they knew who was due to visit them.

Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how the person liked to be assisted to bathe. Another care plan explained how to support a person who needed to be prompted with personal care. Care plans were detailed and explained the actions that were needed to meet people's needs. They also set out at what time people's visits and care should be provided. This was to ensure that people's full range of care needs were met at the times of people's choosing.

The provider kept a complaints and compliments record. The registered manager told us and we saw that there had been no complaints since our previous inspection. Everybody we spoke with said they had never needed to complain. People were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One person said, "I've never had to complain, but if I did need to I would talk to the manager".

People were asked for their feedback on the quality of the service monthly at every review of care. We looked at the feedback received from three people between November 2015 and February 2016. The responses from people had been positive and people were happy with the service provided.

People told us they were given their own copy of the provider's complaints procedure when they first started using the services of the agency. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint.

People told us they had been given a folder that contained information about the services the agency provided. This was to help them decide if they felt it was suitable for their needs. The information people were given was clear and it fully explained in detail the services the agency offered. This information meant people were able to make an informed choice about whether the agency was suitable for their needs.

Is the service well-led?

Our findings

Staff and people told us they felt the service was well-led and spoke positively about the registered manager. One person told us, "She is very approachable and I see her every day. She is always asking after my welfare. Another person said, "If things need doing she gets them done. Nothing is too much of an issue for her". One member of staff said, "She is very supportive. I can talk to her at any time and get help or guidance". Another member of staff said, "The manager is very approachable and understanding. If a mistake is made we look to fix the problem, not look for blame. The manager always asks how I am doing, she really cares".

Staff told us they felt they were involved with the development and running of the service. They felt supported in their role and felt there was a commitment from the provider to develop their knowledge through training opportunities. Staff were clear and confident and told us they knew what their role was within the service. They felt they could approach any member of the management team if they needed any support themselves.

Due to the uniqueness of the service the registered manager was able to speak with people receiving care on a daily basis. People said they were asked to give their views of the service provided and what they felt about the way their needs were met. One person told us, "I speak to the manager every day but once a month she sits down with me to ask about my care and how things could be made better. She also asks me other things about the girls (Staff) and how well they are doing". Another person said, "The manager is always buzzing about. She works very hard and sometimes she comes to help me get up and get ready in the morning. She really does lead by example".

There were effective quality assurance systems to monitor care and plans for on-going improvements. People's care plans were audited and checks were undertaken in people's homes to make sure they were happy with the care provided and to also monitor staff performance. There were audits and checks in place to monitor safety and quality of care.

In addition to quality assurance audits carried out by the registered manager the area manager visited the service monthly to meet with the registered manager and discuss any issues identified. On the day of our visit the provider's area manager was undertaking a monthly quality assurance visit. They told us, "I visit every month and talk to people we provide care for. I also have a regular meeting with the manager to see how things are going". If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged.

Staff meetings were held regularly, which gave opportunities for staff to contribute to the running of the service. One member of staff said, "Yes we do have staff meetings regularly. We only had the last one last week". They told us they shared information and learning from these meetings with the staff team. Staff told us they were asked for their views on the running of the service and if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.

The provider's statement of purpose was contained in all care plans and was available to people. This listed the services aims and objectives, described the care they could provide and who they could provide care to. The focus was on putting people first, maintaining and promoting independence and treating people with 'dignity and respect'. The registered manager's personal vision for the service reflected this. One member of staff we spoke with said "The manager wants a person centred service that puts people first. We all know this and we try to give clients that personal touch".

Although Your Life (Lymington) had not needed to notify the Care Quality Commission of any significant events which had occurred, the registered manager was aware of their legal responsibilities.