

# Yourlife Management Services Limited

## Your Life (Basingstoke)

### 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 2 October 2018 and was unannounced.

Yourlife Basingstoke provides home care services to people who live in one of the leasehold apartments located in the grounds of Lady Susan Court in Basingstoke; if people wish to purchase a personal care service from the provider. People can also arrange personal care with external providers if preferred. At the time of our inspection 13 people were receiving personal care provided by the service.

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had 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 were safeguarded from the risk of abuse. Potential risks to people had been identified, assessed and managed so they could stay safe whilst maintaining their freedom. There were sufficient staff to provide people with their care safely. People received their medicines as required, from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection during the provision of their personal care. Processes were in place to ensure any incidents were reflected upon and relevant changes made for people's future safety.

People were cared for by staff who had received appropriate training, support and supervision in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink sufficiently for their needs. Staff supported people to see a range of healthcare professionals in order to maintain good health and wellbeing.

People consistently reported they were treated in a caring and kind manner by staff. People were supported by staff to express their views and to be involved in decisions about their care. Staff ensured people's privacy and dignity were upheld and independence promoted during the provision of their personal care.

People received personalised care which was responsive to their needs. People's concerns and complaints were encouraged, listened to and relevant action taken. People's views about their end of life care had been sought and staff had undertaken relevant training.

The provider had effective governance processes in place. People, their families, staff and professionals

were encouraged to be actively involved in the development and continuous improvement of the home. The provider had robust quality assurance systems which operated across all levels of the service. Staff had worked effectively in partnership with other agencies such as community nurses, occupational therapists, opticians, GPs, and pharmacies to promote positive outcomes for people.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains Good.

# Your Life (Basingstoke)

## **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 inspection took place on 2 October 2018 and was unannounced. The inspection was completed by one adult social care 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we visited and spoke with four people and one relative about their experience of the care provided. We spoke with the registered manager and five care staff.

We reviewed records that included four people's care plans, five staff recruitment and supervision records and records relating to the management of the service.

# Is the service safe?

## Our findings

People and relatives, we spoke with consistently told us they felt safe with the care provided. One person told us, "I feel safe, the girls always look after me." One relative told us, "[loved one] is kept safe, these four walls are safe and secure and [loved one] gets well looked after."

Policies, procedures and staff training were in place to protect people from risks including avoidable harm and abuse. Staff knew about the types of abuse and what signs to look for, and how to report concerns should they need to. Staff were confident they would be able to raise any concerns, which would be handled effectively by the registered manager.

Risks to people in relation to their personal care, health, mobility, risk of falls, skin integrity, continence, moving and handling and from their environment had been assessed with them, and people had risk assessments in place. Where risks had been identified, measures were in place to minimise them, such as through the use of walking aids, and pull cords and lifelines for people to be able to summon staff assistance 24 hours a day if needed.

There were sufficient staff to support people safely and take them to activities and external health appointments if required. Staff told us their workload was manageable, and that they could carry out their duties in a timely manner. The provider carried out the necessary pre-employment checks before staff started work at the service and had carried out a thorough recruitment process.

Arrangements were in place to receive, record, store and administer medicines safely and securely. People's medicines were administered by staff who had undertaken the relevant training to enable them to do so safely. Staff's competency to administer people's medicines had been assessed annually to ensure continuity of knowledge and skills.

All staff had completed both infection control and food hygiene training which they were required to update regularly. There was personal protective equipment (PPE) such as gloves and aprons available to staff. Staff told us there were plentiful supplies of PPE which they wore. Staff's adherence to the infection control guidance was monitored during 'spot checks' of their practice. Processes were in place to ensure people were protected from the risk of acquiring an infection.

There was guidance for staff with regards to reporting incidents and accidents. We saw actions had been taken for people following incidents, such as putting in extra care calls. People's care records were updated in consultation with them, following any incidents and the information and any learning was shared with staff in team meetings and supervisions. Processes were in place to ensure any incidents were reflected upon and relevant changes made.

# Is the service effective?

## Our findings

People and relatives told us that the service was effective. One person told us, "Staff are great and always know what I want and need." One relative told us, "Staff seem very competent and well trained."

People received a comprehensive assessment of their support needs and from this a detailed care plan was created. Staff told us they spent time reading people's support plans to enable them to provide people's care effectively.

New staff completed an induction appropriate to their role. In addition to the provider's required training, staff underwent training which enabled them to meet people's individual and complex care needs effectively, for example training on catheter care. Staff told us and records confirmed they received regular supervision and had an annual appraisal of their work.

People's records identified if they required support with their meals or drinks and if they did their food and drink preferences were noted. People were supported with the meals they wanted assistance with. They could also access the on-site restaurant, or staff would take their meal to them if required. Staff monitored people's food and drink to ensure they received sufficient for their needs.

Staff worked both within the organisation, with the provider's on-site care home and with external organisations to ensure people received effective care. If people transferred from another service, then information was sought from their previous provider. Staff would liaise with professionals when appropriate, for example; if a person required a GP appointment or the community nurse called.

Staff told us they supported people to attend health or dental care appointments as required or arranged transport, which people confirmed. Records showed that guidance from healthcare professionals had been incorporated into people's care plans to ensure positive outcomes.

Staff consulted people about all decisions about their care to ensure their legal and human rights were upheld. The registered manager told us that everyone had the capacity to make decisions about their day to day care. Staff had all completed training on the Mental Capacity Act 2005 and had access to relevant guidance in the event they assessed a person who lacked the capacity to make a specific decision.

# Is the service caring?

## Our findings

People, relatives and staff were consistently positive about the quality of care in the service. One person told us, "They all know what I want and look after me." One relative told us, "The girls [staff] are all very kind and willing to help." One staff member told us, "We encourage people to be independent and do what they can for themselves, it's important."

Staff knew the people they cared for very well and people appeared relaxed and happy in their company. Staff did not rush people with their care, were sensitive to people's moods and intervened to ensure people received the emotional support they required. We observed one staff member calmly speak with a person who was feeling unwell and distressed. One staff member knew what the person needed to reassure and calm them, and the person trusted them. One person told us, "Great care, they come back and check on me if I am unwell, even when it's not my time."

People were asked for their views and wishes both during their care planning and the day to day provision of their care. People's preferences for the time of day they wanted their care provided and duration were sought and accommodated wherever possible. People's care plans noted the choices they could make about their personal care or interests they had.

People were provided with information in their preferred way. People's communication needs were noted, to ensure staff knew how to communicate information to people, for example, information given was in larger print and some people had phones fitted in their homes with larger buttons on.

Staff were discrete and sensitive when helping people with personal care. One staff member told us, "I will always knock before entering a person's room." Staff promoted people's independence and consistently provided people with explanations to make them aware of what was happening and alleviate any anxiety they might have. For example, we observed one staff member assisting a person to move and speaking with them, letting them know what they would be doing next.

Staff received training on equality and diversity and respected people's views and beliefs. People were supported to attend Church should they wish to practice their faith. The provider offered a non-denominational service for people who did not want to practice a religion.



## Is the service responsive?

### Our findings

People, relatives and staff told us the service was responsive to people's needs. One person told us, "If something changes that I need they are great at accommodating it, even if it's just something small like needing to change my care call time." One relative told us, "[loved ones] care package was changed when she needed more care calls, they also arranged an aid for my [loved one]." People and relatives were clear about the pathway they had to follow for any issues to be resolved with regards to concerns or complaints.

People's choices and preferences were documented in their care plans. We noted there were extensive personal and social histories contained within them, it was possible to 'see the person' in people's care plans. The care staff we spoke with were extremely knowledgeable about the people they were caring for. The daily records we looked at were person centred; an insight into people's daily lives could be obtained by reading them.

People were provided with opportunities for social stimulation and to access their interests and hobbies. Within the apartment facilities the provider organised various activities were provided, such as; a choir visiting weekly, film nights, bingo, keep fit, a church service, art and craft activities and games. In addition, staff supported people to go out if required, for example to garden centres. Family days were also arranged such as celebrating the world cup, the Queen's birthday, Christmas and race days where staff and families could get involved.

People had been provided with information about how to make a complaint and how any complaints would be addressed. People were able to make complaints in writing or had the opportunity to drop in and speak with the registered manager about any issues or to speak with them when they attended the residents' meeting/coffee morning. People spoken with knew how to make a complaint and felt confident that any concerns they expressed would be addressed. Staff understood their role if they received any complaints. We saw that one complaint had been received, this had been properly investigated and relevant action taken in line with the provider's complaints policy.

People were asked about their end of life wishes during their care planning. Although staff were not supporting anyone at the end of their life at the time of inspection, they had undertaken training in end of life care and could work with relevant healthcare professionals as required. This was shown in a care file of a previous homeowner who the service had recently supported at end of life. The staff had liaised with specialist nurses who also supported the person at the end of their life.

## Is the service well-led?

### Our findings

People and staff consistently stated that the service was well led. One person told us, "I feel on the whole the service is well managed." One person told us, "I always go to the management when I've got problems and they always sort them." One staff member told us, "[registered managers name's] door is always open, it's a supportive team, I have had my duties adapted to meet my needs as I have a health issue."

The provider had a clear vision to provide a good standard of care and support based on the values of the service which were; Passion, responsibility, innovation, determination and excellence. When we spoke with staff it was evident they worked within the provider's values.

There was a clear governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by an area manager, an administrator, care staff and senior care staff.

People and staff were engaged with the service in a variety of ways. People and their relatives were sent regular questionnaires to gather feedback on the service and identify areas for improvement. Regular residents' meetings were held also. One example of the provider acting on feedback was that people asked for clearer signposting outside so it was easier for loved ones to find.

Staff attended regular staff meetings and supervisions to express their views or discuss any concerns they may have. When we asked staff if they felt the service was well led one response was, "I'm very well supported and we all help each other too. I can always go to [registered manager] if I need anything, she is great."

There were robust processes in place to monitor and assess the quality of the service provided. In addition to questionnaires and meetings to seek people's views, there were regular reviews of people's care records to identify any areas that required attention. People's medicines administration records were audited regularly and any required improvement actions taken. The registered manager carried out regular analysis of any incidents to identify any trends such as in relation to medicines and where issues had been identified. Staff training, supervision and appraisals were monitored to ensure they were up to date.

The service worked in partnership with professionals from different agencies such as; community nurses, occupational therapists, opticians, GPs, and pharmacies to ensure people's needs were being met.