

Yourlife Management Services Limited

Yourlife (Worthing)

Inspection report

Neptune House, 6
Heene Road
Worthing
BN11 3RN

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12 July 2021

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Ratings

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|---------------------------------|--------|
| 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

Yourlife (Worthing) provides personal care to older people through 'assisted living', where people own their apartment in a purpose-built development. The assisted living scheme had communal areas such as a lounge, bistro and gardens which people could use. These communal areas did not form part of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe, they knew who to speak with if they had any problems. One person told us, "I feel completely safe, I would speak with the manager here if I had any problems. I have a booklet, but the rule of thumb is to speak with [registered manager]."

People were supported by enough staff who knew them well and were recruited safely. Staff had received relevant training to keep people safe and assist them with their medicines. Staff completed an induction period which included shadowing an experienced member of staff. One person told us, "They usually come as a pair when someone is new."

People's risks were reviewed, where needed, and support plans enabled people to live independent lives. Measures promoted people's safety during the COVID-19 pandemic, and staff received relevant training and had appropriate personal protective equipment.

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.

People confirmed staff asked permission before offering support. One person told us, "I have signed something, but they'll always ask before helping me."

People lived independent lives and were supported by caring staff who upheld their dignity and autonomy. Staff provided care so people could remain in control of their lives. When people spoke of the care staff, comments included, "I think they superb, I couldn't ask for better." And, "I've always said, their staff selection policy is excellent."

People had access to an onsite bistro, staff supported people to choose their meals and prepared light meals for them. One person told us, "I freely tell carers what I want, I am given choices for supper."

People received care tailored to their individual needs and fully contributed to their support plans. Management would ensure documentation was produced to meet people's communication needs. One person told us, "I have a folder in my flat, I could read it, but I'm not too bothered. I was asked many questions before the care commenced; this was to build my care plan."

People were encouraged to help plan and attend their social activities, the service listened and responded to people's requests of various events. Feedback was sought in a variety of ways and people felt comfortable to make suggestions, comments or complaints.

People knew the registered manager and were complimentary about their leadership style. The registered manager involved people using the service and encouraged feedback. One person told us, "I have a good rapport with the staff I can't put my finger on anything that is in any way upsetting me, the manager sorts things out beautifully."

The registered manager undertook various quality assurance processes and had a clear vision for the service. The quality assurance processes were effective and there was a clear plan for the future of the service.

This service was registered with us on 15/06/2019 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

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 ●

Yourlife (Worthing)

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 checked 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

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to older people living in specialist housing.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 July 2021 and ended on 14 July 2021. We visited the office location on 12 July 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, area manager, duty manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and logs were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records. We spoke with two professionals who regularly visit the service and a relative of a person who used the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from harm or abuse; People confirmed they felt confident to speak with staff and management should they have any concerns. One person told us, "I feel completely safe, I would speak with the manager here if I had any problems."
- Staff received safeguarding training and were aware of local policies. Staff understood the different types of abuse and how to recognise abuse. Staff knew the process to report concerns internally and escalate externally should this be required.
- The registered manager demonstrated their understanding of reporting safeguarding issues. Records showed these had been completed appropriately.
- The registered manager explained how investigations would be carried out and what actions would minimise reoccurrence.

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely.
- People were fully involved with decisions relating to their support, the registered manager described situations where professional input had been sought in full consultation with the person. For example, the person who fell on a frequent basis had agreed to additional visits by care staff to avoid further accidents, this was on the advice of their consultant.
- People's health and care needs were assessed and risks minimised. Staff were directed by care plans which outlined how to support people safely. For example, one person was at risk of falls, and their falls risk assessment and care plan showed staff how to minimise them and what actions they should take should the person sustain a fall.
- Environmental risks assessments and checks were completed for people's homes. This was to ensure people's safety and that of staff when care was being delivered.

Staffing and recruitment

- There were enough staff to support people safely; People told us staff were usually on time for their visits, and if staff were going to be late they were informed. People confirmed staff had never missed a visit. One person told us, "I have my allocated calls, they have never been missed, I have just one person to help me at one time. The care is very good, they are all very competent."
- Staffing levels were determined by the number of people using the service and their needs. The registered manager described how people and staff were matched so people felt comfortable with the care being delivered.
- Staff had enough time to support people and where one to one support was required, we saw evidence

this had been done. Office staff were upskilled to provide additional support where needed, to ensure people received their visits on time.

- Staff were recruited safely and in line with best practice. Records showed applications forms were completed and included employment histories. Suitable checks such as references and Disclosure and Barring Service (police checks) were obtained prior to employment.

Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines; their competencies were assessed by the registered manager. Although all staff received training, the registered manager assigned medicine administration to a small number of staff; this was to minimise errors. One person required two staff members to administer their medicines, measures were in place to ensure this happened at the right time each day.

- A duty manager was allocated to audit medicines on a weekly basis. The registered manager undertook a monthly audit to ensure storage, administration and medication administration records (MAR) were completed appropriately.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and had been updated to reflect the latest guidance for the COVID-19 pandemic.

- COVID-19 testing was carried out in accordance with government guidance, staff confirmed they underwent a regular testing regime.

- The registered manager had ensured staff understood appropriate use of personal protective equipment (PPE), and we saw appropriate storage of PPE stocks. Staff had received training in infection prevention and control.

- People and staff told us they had been kept well informed of changes to guidance and felt well supported by the registered manager.

Learning lessons when things go wrong

- The registered manager understood the importance of learning lessons when things went wrong. Trends had been analysed and measures minimised reoccurrence. For example, patterns had been established to why one person had experienced falls and appropriate referrals had been made to professionals. The person's care plan had been updated to reflect this and guide staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Assessments were undertaken by the registered manager who considered protected characteristics under the Equality Act 2010 such as age, ethnicity and religion. The registered manager ensured people were able to fully contribute to their assessments before they received support. One person told us, "I have an established routine set by me. We had a chat at the very beginning of what I need."
- People's needs were assessed in line with best practice and with a person-centred approach. People were assessed for all aspects of their health and support requirements to ensure their needs could be met.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively. There was an appropriate skills mix within the team. The registered manager ensured a duty manager was on site at all times; all duty managers held a national vocational qualification to level three or above.
- People were supported by staff that received training relevant to their role, and additional training was sought in response to a change in people's needs. For example, where a person required bed rest, the registered manager trained the staff in the use of slide sheets to help the person position in bed comfortably.
- New staff completed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff would shadow experienced staff until they were deemed competent to work alone, this also gave people an opportunity to meet them. Training records were up to date; the training matrix alerted the registered manager to when certificates were due to expire so refresher courses could be arranged.
- Records confirmed staff received regular and relevant supervisions, spot checks and attended meetings. Staff felt supported by the registered manager, one staff told us, "[Registered manager] is a good, supportive manager, they are knowledgeable and committed."

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

- People received support to maintain a balanced diet. Where needed, staff assisted people to the onsite bistro for meals. Some people required assistance to choose their meals so staff would read out the options to them. Where people stated a preference, staff would deliver meals to their apartments.
- Staff prepared breakfast and supper for some people and assisted them when shopping for food; people confirmed staff knew their likes and dislikes.

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

- People had access to healthcare agencies and support. Staff worked with the agencies to provide good outcomes for people. For example, a person who had previously used the service had advancing Dementia. The registered manager reviewed the person's needs, and staff worked with family members and involved the Living with Dementia Team. The person received appropriate support from staff guided by professionals, such as meaningful activities in the community.

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 when this is in their best interests and legally authorised under the MCA.

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. We checked whether the service was working within the principles of the MCA.

- People were consistently asked for consent by staff before any care delivery. When asked, one person told us, "We have a normal routine, I suppose you could say consent is implied. It's so regular and the staff are consistent, they know me inside and out; I don't ever need to tell them." Another person told us, "They always ask before doing anything, we tend to talk away as they help."
- Records showed that people were involved in decisions relating to their care and support, and their choices were respected. We saw evidence of signed consent forms where appropriate. The registered manager described communication methods which could be used to gain people's views and confirmed that where required, capacity assessments would be undertaken.
- The registered manager understood how to make decisions in a person's best interests when they lacked capacity.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity;

- The service had a person-centred culture. Staff knew people's preferences but confirmed they would always check with the person what assistance they would like. Where people's preferences had been expressed, the service had adhered to people's wishes. For example, a person had requested they would like female staff to support them and confirmed this had been provided. A staff member described respecting equality and diversity as, "We treat people the way we would want to be treated regardless to their backgrounds, it's as simple as that."
- People were supported by respectful and caring staff. All staff received equality and diversity training and had access to an up to date policy. The registered manager confirmed staff demonstrated their knowledge through observations, meetings and the positive feedback received from people.

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

- People were encouraged to express their views and had full involvement in their care and support. People were given opportunities to plan and review their care. One person told us, "My care is very much self-directed. We will fill in forms and they go by the schedule unless I wish to make changes."
- People's care was reviewed on a regular basis, this gave people an opportunity to make changes where needed. One person told us, "If I needed to increase the help I could always talk to the manager, she would sort things out for me, I feel safe knowing I have the options and someone there to look out for me, it's nice to feel you have a backup."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- People spoke highly of the dignity and respect they received. People told us, "They know my little ways of doing things, it's because I have the same staff." And, "They always knock before entering my flat, they treat me with dignity."
- Promoting people's independence was at the heart of the service's ethos, and the registered manager described methods of how people's independence was upheld. They told us, "People are independent, so staff don't overstep the mark, we empower them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 personalised care specific to their needs and preferences. Each person was treated as an individual and care was planned around their wishes.
- People were encouraged to attend twice weekly coffee mornings which acted as informal meetings to discuss various aspects of their lives. The registered manager attended one coffee morning per week. Any personal issues would be discussed on a one to one basis. One person told us, "I attend the coffee morning we talk about all sorts, if there is anything going on, I usually try to get down."

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 service had considered people's communication needs and had various methods to empower people to express their needs. The registered manager advised all documentation could be produced in Braille, easy read format and in large print if required. Where needed, time would be spent with people, so documentation could be read out aloud by staff. The registered manager had purchased communication cards and each care folder contained photographs of staff so people could identify them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to join social groups and undertake activities supplied by the service that met their interests.
- People belonged to a social committee where activities could be suggested. The service arranged various events including Pimms on the Patio, trips to shopping centres and dances which were offered for all abilities. A range of intellectual talks had taken place and further talks had been arranged based on the positive feedback from people.
- Where people had been unable to attend events, the service produced quizzes, newsletters and word searches for people. Staff spent time with people to prevent social isolation, people confirmed they felt comfortable with staff, comments included, "I see the same people, we joke and get along well."

Improving care quality in response to complaints or concerns

- People were encouraged to give their feedback on the service to include complaints. People confirmed they would be comfortable to approach the registered manager to raise complaints. One person told us, "I

would speak to [registered manager] or the duty manager. [registered manager] is the senior, I would be confident to do this. I have never needed to contact them with a complaint, I have only made suggestions and was listened to."

- The service had not received any complaints. The registered manager described what actions would be taken to investigate and respond to complaints.
- People were given a copy of the complaints procedure which detailed the timescales of responses and who to refer to if they were not satisfied with the outcome.

End of life care and support

- The service was not supporting anyone at the end of life stages at the time of inspection. The registered manager confirmed end of life wishes were not always discussed upon admission but at an appropriate time, for example, if a person's health were to deteriorate. This would be done sensitively with the person and/or their families.
- The registered manager described where end of life support had been given previously. The service worked in conjunction with the GP and local hospice to enable the person to stay in their own home. Staff received training on end of life care and further training on the equipment used. The person's relative told us, "They were very good, they were sympathetic and understanding everyone was kind and very respectful." The registered manager told us, "It's rewarding to see people are enabled to stay in their own home."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service promoted a positive, person-centred and inclusive culture for people. The registered manager had an open-door policy where people and staff could speak with them at any time. There was a suggestion box for people to anonymously make comments if needed. We saw a 'you asked, we did' board where suggestions had been actioned by the service, we saw evidence of photographs of the outcomes such as trips out. People told us they were encouraged to give feedback and opinions. One person told us, "It is very well managed, there are a lot of them and someone is always free if I need them."
- The service met people's needs. People received personalised care that met their wishes, culture and backgrounds. The registered manager spoke of the importance of people being included in planning their support and told us, "People are given a choice and a voice."

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 understood their duty to be open and transparent when something went wrong. They described how they would provide an apology, explain how things would be done differently, and they would speak with all parties concerned, notify CQC and document actions taken.

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

- The registered manager and staff were clear about their roles and responsibilities. There was a clear line of accountability set out by the provider's policies. The registered manager was supported by the area manager and duty managers. Duty managers were available 24 hours a day and in the registered manager's absence. One person told us, "It helps there is always a manager, [registered manager] is in charge but all the duty managers are very good really."
- Staff gave positive feedback regarding the registered manager. Meetings were held and staff received regular updates regarding any changes to the service.
- The registered manager described their hands-on approach and told us, "All cogs in the wheel need to run. I lead by example."

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

- The service proactively engaged with people using the service. The registered manager described a

situation where they introduced one person to another, so they did not feel isolated at mealtimes.

- The registered manager spoke of how well they knew the people using the service and told us, "To me the care we give is of high standard, taking into consideration people's needs wants and wishes. Continuity for me is a big thing, I could honestly say I know each and every one of them. We sit, we chat, we have a little joke, we have a laugh."
- Staff felt confident to raise complaints or concerns, one staff member told us, "They have an open-door policy, anything minor or major, we don't have wait for an appointment. [registered manager] listens to me and acts if there is anything to do."

Continuous learning and improving care

- The service continually learned to improve care. Following a review of accidents, the area manager spoke of a decision to purchase a lifting cushion to help people get up from the floor if they had fallen. People were consulted and agreed to purchase the lifting cushion. One person told us, "They are getting these airbags to help me get back off the floor when I fall." Staff confirmed they had received training to use the lifting cushion and advised they had been given instruction on how to use it and check lists to ensure it was used safely.
- The registered manager undertook various audits and took action where issues were identified. For example, care documentation was audited and found to require more detail. The registered manager held a care note writing workshop and improved the handover sheet to ensure meaningful documentation.
- The registered manager had plans for the service which included more health and well-being activities, additional trips out, an extension of the gardening club and to bring the community back in to the service. The registered manager also planned to empower staff for career progression. For example, to develop meaningful champion roles for the staff such as a dementia champion, who would have extensive training on the subject and would cascade their knowledge to other staff.

Working in partnership with others

- The service worked in partnership with external agencies and within the organisation. A variety of professionals including district nurses, hospice nurses and the Living Well with Dementia team had been involved to provide advice and enable staff to support people's needs. A visiting professional told us, "I was hugely impressed by [registered manager], they always give time to the people they cared for, they are very knowledgeable and clearly care about people. [Registered manager] would join visits to support me, they have a natural rapport with patients."
- The registered manager met regularly with other managers of the organisation to share knowledge and mutual support. The area manager gave examples of the registered manager's contribution to the organisation. Examples included, the implementation of the compliance folder, a document to support recruitment decisions and a poster to help with their local recruitment campaign.