

Yourlife Management Services Limited

Your Life (Eastleigh)

Inspection report

Catherine Court
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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 8 and 17 March 2016.

Your Life (Eastleigh) is a domiciliary care agency which provides personal care and support to people living within a specific development. Eleven people were receiving care and support during our inspection and eleven staff were employed to support them. Some people were living with memory loss.

There was a registered manager at the service. 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.

There was a complaints procedure in place and there had been a complaint made to the provider recently, around an issue which affected everyone. Whilst the complaint had been addressed, the complaint had not been acknowledged and the complainant had not received any communication or letter of apology.

The risks to people's personal safety were assessed and plans were put in place to minimise the risks, however, the environmental risk assessment did not identify potential risks regarding upstairs balconies and windows.

Staff had completed training with regard to safeguarding adults and gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The provider had safe recruitment procedures in place, which included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff.

Staff were supported in their work through an induction programme, a range of training, supervision, spot checks and annual appraisal.

People's needs were met by sufficient numbers of staff. The shift system ensured staff were in the building throughout the day so could support people if they needed more care than was planned, for example, if a person became unwell. People were supported by caring staff and were involved in making decisions about their care and support. Staff were mindful of people's privacy and dignity when supporting them with personal care.

People received personalised care that was responsive to their needs. There were safe medication administration systems in place and people received their medicines when required.

The registered manager promoted a positive culture that was open, inclusive and empowering. Staff felt supported by the registered manager and felt able to raise any concerns. Quality assurance systems were in

place to monitor the quality of service being delivered and the running of the service.

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.

Robust recruitment procedures were in place to ensure staff were safe to work with people.

Staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

People's needs were met by sufficient numbers of staff. There were safe medication administration systems in place and people received their medicines when required. Risks to people's welfare were identified and plans put in place to minimise the risks.

Is the service effective?

Good ●

The service was effective.

Staff were supported in their role through the use of induction, training, supervision, spot checks and annual appraisal.

People were supported with eating and drinking and accessing health care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who they felt were caring and kind.

Staff respected people's privacy and dignity as well as their right to make decisions and choices.

Is the service responsive?

Good ●

The service was responsive.

People were pleased with the care and support provided by staff as it met their individual needs.

The provider had a complaints procedure in place.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted a positive culture that was open, inclusive and empowering.

There was a quality assurance programme to ensure standards were maintained.

Your Life (Eastleigh)

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.

The inspection took place on 8 and 17 March 2016.

The inspection was undertaken by one inspector. Before the inspection, we reviewed the information we held about the service. We sent questionnaires to 10 people and 10 to their relatives. Six people and one relative completed the questionnaires and we used the responses to inform our inspection report. During the inspection we spoke with three people, two relatives, three staff, a duty manager and the registered manager. We looked at a range of records including three care plans, three staff recruitment files and quality assurance audits.

We last inspected Your Life (Eastleigh) on 30 June 2014. The service was compliant with the five outcomes we looked at.

Is the service safe?

Our findings

People told us they felt safe with the care staff who supported them. The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training with regard to safeguarding adults and they gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to use safeguarding procedures appropriately.

The registered manager had a system in place to assess the risks to people's personal safety who were receiving care and support. Risk assessments included moving and handling needs, medicines and the home environment and plans were put in place to minimise the risks. However, the registered manager had not identified the risks associated with the balconies or windows of people's apartments. Some people were living with memory loss and the upstairs balconies and windows could have posed a risk to their welfare. The registered manager said they would look into this further. The provider had an emergency plan in place regarding what should be done in the event of a fire. Staff knew what to do if the fire alarm sounded to ensure people were as safe as possible.

People's needs were met by sufficient numbers of staff. There was a shift system in place and staff were therefore employed in a range of roles, including supporting some people with their personal care as well as housekeeping and working in the restaurant for the benefit of everyone who lived in an apartment at Catherine Court. This meant staff were in the building throughout their shift so could support people if they needed more care than was planned, for example, if a person became unwell.

Care calls were not planned throughout the night, but a staff member slept in the building. If people needed help in an emergency, they could call the staff member on duty. A visitor told us their relative had called staff in the night when they became unwell and staff went to see them quickly.

Staff felt able to meet people's needs during their shift. Comments included, "We cover each other, we work solidly as a team. I enjoy coming to work, [it is] home from home. I think people experience the same", "I enjoy working here, I get on well with everyone, the duty manager and us girls; we work as a team and help others out if they have more work than you." Staff were supported during the day by a duty manager. One staff member was confident that the registered manager "would get more staff if more care was needed. If someone is sick, the managers help and cover." The registered manager said, "If I were to struggle to cover care visits I would know I need to recruit someone. Care visits are a priority. Staff can cover each other for sick leave. We are all carers, I am the manager but we are all flexible. The administrator can also do care calls."

The provider had safe recruitment procedures in place, which included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found these checks had been completed before new staff started working with people.

Staff supported some people with their medicines and this was documented in their care plans, which showed where people had given their consent. The ethos was that people managed their medicines independently, unless they were assessed as needing support. One person said "I do my own medicines, [staff] always cream my back in the evenings." Staff ensured people were given their medicines at a specific time when this was necessary for the medicine to be effective. This was confirmed by one person who required a specific tablet early in the morning. The registered manager told us how they had spoken with a person who was finding it difficult to manage their own medicines and involved them in creating a care plan which enabled staff to support them. The person had signed to show they had given their consent to the new care plan.

Staff were trained to support people with medicines. When they began giving medicine they observed a trained member of staff. They were then observed themselves to ensure their practice was safe. They completed a workbook and had to sign to say they had read the policy. Staff knew what to do if they noticed or made an error with medicines and felt able to own up if they had made a mistake.

Is the service effective?

Our findings

People said they received care and support from familiar staff. Staff stayed for the agreed length of time and completed all the tasks that they should. People also said they received the support and care which helped them to be as independent as possible. Responses received from our questionnaire confirmed that people would recommend the service to other people.

People were supported by staff who had access to a range of training events to develop the skills and knowledge they needed to meet people's needs. New staff completed an induction programme which included knowledge about fire alarms and exits, moving and handling and supporting people with medicines. As part of the induction, new staff shadowed managers and experienced staff. One staff member told us they had shadowed care staff supporting different people on different shifts to get a broad picture of the role and the routine of the day.

The provider had a training programme in place which included refresher training. Staff confirmed they received training relevant to the role, one said "Yes, you do need [training]. I have done moving and handling, including the hoist. No one uses the hoist but you never know when you might need to know about the hoist." Another staff member spoke about how the dementia training had been useful in supporting them to work with people who were living with memory loss. They said, "Some people have dementia which means they ask who you are or repeat themselves." The training had given them an awareness of why this was as well as suggestions as to how they could support people. The registered manager encouraged staff to undertake additional training. One staff member said, "The registered manager and I were talking about what I would like to do to progress and she got me on the Diploma 3 [care] course." The provider also supported new staff to gain the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people.

Staff were supported in their work through the use of one to one supervision, spot checks and annual appraisal. One staff member confirmed how management monitored their work. They said they had supervision and "the manager reads the log books, will carry out a spot check and gives feedback. She is efficient."

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 had received training about MCA and were aware of the impact this had on the way people were supported. Care plans showed that people had been involved in the planning of care and had consented. Staff sought consent verbally before supporting people.

Some people needed support with meal preparation and often chose to eat their main meals in the restaurant, which they enjoyed. Staff could make light meals for individuals in their apartment, such as

beans on toast or soup. Staff sometimes delivered meals from the restaurant to people in their apartments or telephoned people to remind them to come to the restaurant. The restaurant catered for people who needed special diets, such as diabetes or allergies and could provide pureed food if necessary. Food and fluid charts were available for staff to complete if there were concerns about the amount people were eating and drinking.

People were supported to access healthcare services in an emergency or when necessary. One person told us staff "would ring the GP if I needed emergency help." Staff told us about how they had noticed a person had become "confused" so contacted the GP who had visited the person.

Is the service caring?

Our findings

People were pleased with the care and support they received from the service. Everyone who completed our survey said they were always introduced to staff before they provided care and support and that staff were "caring and kind."

People spoke positively about their relationship with staff. Comments included; "[They are a] good crowd, we have a good laugh," "The staff are all very kind, I can talk to any of them. They are polite and courteous. We are friends actually," and "[They are] all very kind, fantastic, [they] make you feel you're no bother. The [staff] are fantastic, they make you feel like they want you to get better. I get on well with them." Staff enjoyed working at the service and supporting people. One staff member said "It is like a family here. It is a rewarding job, you get to know clients, you have a rapport."

Staff employed by Your Life (Eastleigh) worked only within Catherine Court. However, people could choose to be supported by this service or by an external agency. One staff member confirmed that in the past people have had outside agency care staff to support them, but usually they chose the in-house service. They said "We build relationships with [them], we are here and can come on time."

People were actively involved in making decisions about their care and support. During the assessment, their needs and wishes were discussed and they could express their preferences, such as what they liked around them. A staff member said "We support them to be as independent as they can be but if they ask for help it is here as and when they need it." People would sometimes decline care and support and staff respected this. One staff member said they would try talking to the person first and they were aware of what could be left until another time and what needed more urgent intervention, such as declining to take antibiotics. Staff would record any concerns and speak to senior staff.

Staff respected people's privacy and dignity when supporting them with personal care. Comments from people included, "[Staff] never complain about changing the bed" and "[Staff] shut the door, [of the toilet], they don't come in." One person told us how staff managed their continence aid correctly. Staff were clear that they would knock on people's front doors and wait for a reply before entering. If a staff member was visiting someone outside of the usual call times, they would contact them using the intercom first so they did not worry.

The registered manager and staff worked together in different areas of the service. This meant the registered manager could listen to and observe how staff respected and interacted with people when they spoke with them. One staff member shared an example of how they had been supported to change their practice to respect people better. They told us they used to call everybody by the same pet name but the manager had given them feedback about this which resulted in the staff member ensuring they called people by the name they wished to be called.

Is the service responsive?

Our findings

People were involved in decision making about their care and support needs. Relatives were also involved where people wished them to be. Comments from people included "[The care] suits me, I can talk to the manager to change the care. They do everything...I do as much as I can to help [the carers]" and "I can tell them exactly what I want and they do it with a laugh, they are very cheerful. Staff do work to my needs rather than theirs." Another person spoke about the timing of the calls, saying the time met their needs and that "If I want to go out, I'll tell them". People had call bells in their apartments which people could use to call staff. A visitor who was asked about how responsive staff were to the call bell said "No problem at all, [my relative] presses the button and they come." Staff said people did not wait very long, if staff were busy elsewhere, the duty manager would respond to see what the person needed.

People received care and support as outlined in their care plans. Care plans were detailed and personalised to people's needs and preferences as well as information on their personal history. For example, one person's care plan showed they liked certain, named items to be put next to them before the staff left their apartment. Another showed the person to have varying mobility so the care plan told staff to be flexible and to assess their mobility each morning and encourage them on a day when they were less mobile. People were supported with tasks as necessary but were encouraged to undertake what they could do themselves. One person said "I am independent with personal care." Staff confirmed they found the care plans useful as they contained "a lot of information" about the people they supported.

People's care plans were reviewed regularly and action was taken where necessary to improve the care and support people received. Records of one person's review showed that staff were sometimes going to support the person later than was planned. The next review noted the issue had been resolved. Sometimes reviews resulted in people having more care and support to meet their changing needs. Staff were clear that "More care and time is put in if they need more."

People were provided with a Service User Guide which ensured people had the information they needed about the agency. The provider had a complaints policy and procedure in place which detailed the timeframes within which complaints would be acknowledged and investigated. People said they knew how to complain and most felt the staff responded well to any concerns and complaints. One person told us about an issue they had raised as a complaint which had been addressed as the registered manager had reconsidered their decision and made changes in response to the person's complaint. We became aware of another complaint involving the way the bills were being printed, which meant it was not possible for people to see exactly what they were being charged for on which day. The complaint had been sent to the company rather than the registered manager but the complainant had not received an acknowledgement or response. On the second day of our inspection, the new monthly invoices had been created and we saw the provider had returned to the previous way of billing people for the services used which gave them the information they needed.

Is the service well-led?

Our findings

People knew who to contact if they wished to discuss their care and support needs. One person said the registered manager was "very good, no problems whatsoever." Another said "I get on well with [the registered manager], she tries very hard, is always cheerful."

The registered manager promoted a positive culture that was person-centered, open and inclusive. People told us they received information from the service which was clear and easy to understand. A staff member said "Everything is very open. The [registered manager] is approachable. It is a friendly, nice atmosphere, if I'm not sure about something I just ask and get advice." Another staff member said of the registered manager "She is very open, approachable, I have to keep asking her where stuff is, she says to press the buzzer, that's what the managers are there for."

The provider's philosophy of care was displayed where people could see it and included information about what people could expect of the service overall, such as personal choice.

The service held "residents meetings" where people could talk about a range of issues around living at Catherine Court. People did not generally talk about the care and support at these meetings but the issue of the new way of billing had been raised at one of them.

The registered manager told us about their ethos for managing the service. They were aware of the importance of their role in leading the team and being a role model and said they treated staff as professionals and identified ways to develop staff in their role. There was an open door policy which meant staff could approach the registered manager at any time. A staff member said the registered manager was "brilliant at managing the service. She knows who is doing what and when."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The area manager visited every month to undertake a quality audit of the service. They spoke with three different people each month although not all of these would have been receiving a care service. Three staff were also spoken with, again not always about care. A point system was used and the last audit showed a score of 96% which was positive.

People were asked their opinion of the service, through reviews and everyday conversations. The registered manager undertook an audit of care plans and medication administration records and addressed any areas of concern which were found. Staff files were audited regularly to ensure they were up to date and included all the necessary information.

The registered manager held team meetings every two months. If staff were not able to attend the registered manager ensured they held a one to one meeting so that staff were updated with important information. When staff achieved new qualifications, this was mentioned at staff meetings and there would be a celebration. We saw a number of thank you cards and letters, which were displayed in the office so staff were aware of positive feedback they had received.