

# Yourlife Management Services Limited

## YourLife (Salisbury)

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Your Life (Salisbury) is a domiciliary care agency. It provides personal care to people living in their own homes. Your Life (Salisbury) operates an assisted living scheme in a modern and purpose-built private development called Monument Place. The property consists of flats privately owned or rented and occupied by older people who also share some communal areas and facilities; such as dining rooms, lounges and gardens.

Not everyone using Your Life (Salisbury) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection four people who lived at Monument Place received personal care and support.

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

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. One person said, "I always feel safe with them." There were enough staff available to meet people's needs. People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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. Staff supported people to access ongoing healthcare.

People told us they were cared for by kind and compassionate staff. Comments from people included, "[Staff name] is absolutely brilliant, always cheerful" and "All of the staff are friendly and kind. They always ask what I want them to do." Staff understood the need to respect people's privacy and dignity and people told us this happened during care visits.

Staff were knowledgeable about people's support needs as well as people's preferences for how they were cared for. People were involved in decision making and were supported to maintain their independence. One person's relative said, "We let them know the help we need, and they provide it. It all works very well." There was a complaints procedure in place and people told us they knew how to complain.

Systems were in place to monitor the quality of care provided and continuously improve the service. Staff spoke highly of the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 15/10/2020 and this is the first inspection.

#### Why we inspected

This inspection was planned, as the service had not received a comprehensive inspection or been awarded a rating since registration.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# YourLife (Salisbury)

## 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 was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats.

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 24 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 25 November 2021 and ended on 26 November. We visited the office location on 25 November 2021.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff and the registered manager. We reviewed a range of records. This included two people's care records and medicines 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 policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and procedures. We spoke one other member of staff.

# 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

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns.
- People told us they felt safe when staff visited them. One person said, "I feel very safe when [staff name] is here."
- Staff said they felt confident to raise concerns if they had them, about poor standards of care. One member of staff said, "I would go to [registered manager] first. If it wasn't sorted, I would report it higher in the company. If a client tells us something isn't right, we have a duty to report it."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Care plans contained guidance for staff to follow to keep people safe. For example, this included reminding people to wear their pendant alarms.
- People told us they felt safe. Comments included, "I feel very safe with the staff" and "I feel very safe when [staff name] is here."

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service. New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them. One member of staff said, "I did some shadow shifts first to meet people before I did visits on my own."
- The service consisted of a small team of staff. The registered manager told us there was a recruitment plan in place in order to attract new staff.

Using medicines safely

- People's medicines were managed safely. Staff completed medicines training and had their competencies checked.
- One person's relative said, "The carer comes and helps with preparing breakfast for [name] and gets the tablets ready."
- Medicines administration records showed that people received their medicines as prescribed. The registered manager audited medicines administration on a weekly basis to ensure documentation was completed and stock checks were accurate.

### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. People and their relatives told us staff wore the correct personal protective equipment (PPE) during visits.
- Staff confirmed they had access to enough PPE and had received infection control training. One staff member said, "I Put PPE on before I go into someone's apartment. I put a mask, apron and gloves on before I go in. If I do a wash, I change my PPE and put new on before I do anything else."
- Staff were part of a regular testing programme for Covid-19.

### Learning lessons when things go wrong

- Incidents and accidents were logged. The reporting system showed that these were fully investigated and resolved.
- When things had gone wrong, the risks of recurrence and impact to people were reduced, due to open and thorough communication and learning amongst the staff and management team. For example, one person had fallen and the staff member who raised the alarm did not know the person was prescribed blood thinners. This led to the information being included in an emergency pack that all staff had access to.



# 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

- People's needs were fully assessed, and this formed the basis for care plans. A duty manager said, "When I do an assessment, I ask about what people can and can't do, any preferences they might have such as male or female staff, how they want to be greeted and what how they want the care to be provided."
- Plans were reviewed regularly. One person said, "[Staff name] came and sat with us to ask how things were going and did we need to change anything." Another person said, "I know that if I need more help in the future, I can speak to [registered manager]."

Staff support: induction, training, skills and experience

- New staff completed an in-depth comprehensive induction. Staff spoke highly of the induction. One staff member said, "This is my first job in care, but the training has really helped me to feel confident."
- Records showed staff were provided with a wide range of training, had regular updates and spot checks of their care practices were carried out.
- Staff had regular supervision sessions. All staff spoke highly of how supported they felt in their role. Comments included, "When one person died who I'd known quite well, [registered manager] made sure I was ok" and "I feel well supported. My colleagues are very good. I have no problems speaking to any of the duty managers or [registered manager]. I'm not afraid to speak up if I'm worried about anything."

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

- People's needs around eating and drinking were assessed and documented. This included information about their preferences and any special dietary requirements they had.
- Where required, people were supported to eat and drink well. People's meals, drinks and snacks were prepared in line with their choices or known preferences.

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

- Records showed the service worked well with external professionals to ensure people were supported to access health and social care services when required. One person said, "I did have a fall once, and [registered manager] called the paramedics for me."

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's capacity to consent to their care and support had been assessed. People told us staff gained consent before supporting them. One person said, "They always ask before doing anything. They always ring the bell and wait for me to say come in."
- Staff were aware of the principles of MCA. One staff member said, "I always ask if the person would like to have a shower. Sometimes they don't want one. One person I help sometimes doesn't want one and that's their choice."

# 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

- Some people told us they had been asked for their preference regarding male and female staff providing their care and support and that their choices had been respected. One person said, "I've only ever had female staff which is what I prefer." Other people told us they hadn't been asked, but said they were happy with the gender of the care staff that were provided.
- Without exception, people told us staff never made them feel rushed. Comments included, "They're always here for a good half hour. I never feel rushed. They're very good" and "[Staff name] is very organised. They never seem to be in a hurry."
- People using the service gave positive feedback about the staff who supported them. Comments included "[Staff name] is very caring and so kind. I feel I've known her forever. She's just a lovely person" and "The staff are so gentle with me. That's the most pleasant thing about them."
- Staff spoke highly of their roles. One staff member said, "We're all very passionate about what we do. We enjoy our jobs. When you enjoy your job, you do a good job. I love meeting people and I'm very chatty and engaging with people. We have a few residents who are quite lonely, so they love it when I go in and chat with them."
- The service promoted equality and diversity and respected people's cultural needs. For example, the registered manager explained how they had offered to support one person to attend a church service by changing the time of their visit.

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

- People using the service told us they felt able to express their views. One person's relative said, "There's a suggestions box outside [registered manager's] office. I've made suggestions before and they do listen to them."
- The registered manager said, "I do reviews on all aspects of the service, so I get to talk about lots of different things with people. We have coffee mornings too, so I often overhear things and I see things as I go around the building."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "[Staff name] always makes sure I'm covered up, even when I say I'm not bothered." Other people told us staff always kept them covered and made sure the door was closed.
- Staff knew how to maintain people's privacy and dignity. Staff gave examples of how they did this. Comments included, "One person gets themselves undressed so I respect their space and hover outside the room until they call me" and "I always ring the bell before I go in. One chap has problems with his hearing

aids and he sometimes takes them out. So he has told me to ring and then go in if I don't get an answer. I wouldn't just go in without being asked."

- People were encouraged to remain as independent as possible and care plans guided staff how to do this. For example, in one person's plan it was documented, "I can wash part of my body with a flannel if you give it to me."

# 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

- Care plans contained detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be cared for. For example, in one person's plan it was documented, "I would like assistance with my hair being brushed and styled to the left, keeping the hair out of my eyes."
- Staff said they had access to care plans in order to understand people's care needs. One staff member said, "I would always check the plan first to see people's likes and dislikes or ask the person themselves. Once you get to know people, you find out when you're chatting. I have it uppermost in my mind how I would feel having someone come in and provide personal care for me."
- People's daily records showed care was provided as detailed in people's care plans. One member of staff said, "The care is good here. It's tailored to people's individual needs. People can ask for what they want."
- People told us the service met their individual needs. Comments included, "I'm not worried about anything, and I don't need anything. I lead a very happy life" and "It all seems to work very well for us. There's always somebody on duty here and it's reassurance for us. We feel secure."
- The service promoted continuity of care. This was confirmed by people using the service. They referred to staff by name and said they always saw the same staff.

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.

- There was an AIS policy in place. People's communication needs were identified and recorded in their care plans and shared appropriately with others. The registered manager told us information was available in a variety of formats, such as in large print.

Improving care quality in response to complaints or concerns

- There was a complaints and compliments log in place. Records showed complaints were recorded and investigated appropriately.
- People and their relatives said they knew how to complain. One person said, "I haven't needed to complain, but I would speak to [registered manager]."

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- The service supported people to complete plans for how they wanted to be cared for at the end of their

lives.

- The registered manager said the service would liaise and work the local hospice team and community nurses to support people with end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

- People told us the manager was approachable. Comments included, "[Registered manager] is very pleasant" and "She's a very good manager. My daughter says she's the absolute tops."
- Staff spoke of the positive working culture. Comments included, "I feel well supported here. My colleagues are very good. I have no problems speaking to any of the duty managers or [registered manager]" and "[Registered manager] is a good manager. She's approachable, she listens and acts on things."
- The registered manager said, "It's a lovely community feel here, which is what I wanted when I started. I'm so happy in my job, I really love it. I'm so happy and I hope that comes across to our clients and the staff."

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

- The provider and registered manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training, supervision and staff meetings about what was expected of them.
- The management structure was well defined and consisted of an area manager, registered manager, duty managers and care staff. Staff understood the role each person played within this structure.
- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

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

- Regular staff meetings took place and minutes were available for staff. All the staff said they felt able to speak up during these meetings.
- People using the service were regularly asked for their feedback during formal reviews. The registered manager told us people regularly passed by their office and would stop for a chat. We saw this happen during the inspection.

Continuous learning and improving care

- The registered manager said, "I know the service is good here. I do regular on the spot observations. I also do reviews on other aspects of the service as well, so I get to talk about lots of different things with people."
- There were comprehensive audits and spot checks of all aspects of the service. When issues were

identified they were addressed promptly by the registered manager.

Working in partnership with others

- The service was working in partnership with a number of organisations and health professionals.