

Yourlife Management Services Limited

YourLife (Virginia Water)

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 Virginia Water is a care agency supporting older people with health and care needs who live in their own flats in specialist extra care housing in Augustus House in Virginia Water. At the time of the inspection two people received support with the regulated activity of personal care.

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 received support tailored to their individual needs and risks from staff who knew them well. Where required, staff were trained to support people safely with their medicines and risks to people were addressed to provide them with additional support. Staff knew how to protect people from abuse and neglect. The provider had effective safeguarding systems in place.

There were enough staff employed to provide people with care in line with their assessed needs. The registered manager monitored care visits and ensured staff could access management support in case of any emergencies. The provider had safe systems for recruiting new staff.

People received person-centred support provided by staff who shared the service values of promoting people's independence, dignity and respecting their choices. People were involved in their care and staff promoted their choices. Staff supported people to enable contact with families, access healthcare services and enjoy social interaction and activities that matched their preferences.

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.

The service was well-managed. The registered manager regularly supported staff with training and supervision and completed audits and checks in key areas of the service. We saw improvements were made when issues were identified. People and their relatives told us they felt listened to and found the management to be approachable, open and transparent. Staff told us they felt supported by the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered with CQC.

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 (Virginia Water)

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 carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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. We visited the office location on 9 June 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. We also sought feedback from the local authority and Healthwatch. This information helps support our inspections. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all

of this information to plan our inspection.

During the inspection

We spoke with the registered manager and two other members of staff. We reviewed a range of records. This included two people's care plans and medicines records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further management records. We spoke with one person using the service and their relative about their experience of the care provided. We also spoke with two staff members providing care to people.

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

- People and their relatives told us they felt the service was safe and any concerns were dealt with appropriately. One relative told us their loved ones "definitely feel safe" in the service.
- Staff we spoke with knew how to recognise signs and report where people could be at risk of abuse or neglect. One staff said, "I would be reporting it (any changes) to the manager, for example if (a person) would be losing weight or a change in their mood, avoiding people." Staff were trained in safeguarding. The provider had robust policies on safeguarding adults at risk and whistleblowing.
- The registered manager reported safeguarding concerns to the local authority and CQC when needed and demonstrated good knowledge on reporting and investigating safeguarding concerns. They also worked with the multidisciplinary team to protect people, for example by increasing their support.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. One relative told us staff were 'very cautious' when it came to a person's individual risks and knew them well.
- People's care records included clear risk assessments around individual risks, for example, moving and handling, falls, continence and skin integrity or nutrition and hydration. People's care plans clearly explained what support measures and equipment were in place to minimise the risks and to support people to keep them safe.
- People were supported to maintain a safe home environment and their records included relevant risk assessments with strategies to support them and staff around. For example, the risk of harmful substances and slips, trips or falls.

Staffing and recruitment

- There were enough staff employed to meet people's needs during their support visits. People confirmed they received their support and no visits were missed. Any change to people's needs were reviewed and their support increased.
- The emergency management support was available on site at all times, staff confirmed this. One staff member said, "I can call for help if I need it." The registered manager planned staff rosters in advance to ensure all visits were completed as required.
- The registered manager had clear plans for recruitment of new staff to ensure an adequate team was in place to provide support to people. The provider completed robust pre-employment checks which included confirmation of right to work and references checks. DBS (Disclosure and Barring Services) check were also completed. This confirms whether a person is known to the police to support the registered manager to make safe recruitment decisions.

Using medicines safely

- People received support with their medicines in line with their individually assessed needs. Where people's support needs changed, the registered manager took appropriate action. For example, one person was receiving increased support with their medicines due to a recent change in their needs.
- Staff were trained to support people with their medicines in a safe way and completed medicines administration records (MAR) when supporting people. Staff could access clear guidance on people's medicines within their care plans.
- The provider had a clear medicines management policy in place and staff were aware of how to report any errors. The management team audited MARs monthly. We saw errors were adequately managed to prevent recurrence and staff were supported via supervisions and re-training when needed.

Preventing and controlling infection

- The service implemented clear infection prevention and control measures in line with the national guidance for the COVID-19 pandemic. The information for people living in Augustus House and visitors was readily available and displayed in the communal areas.
- The registered manager had a range of policies and procedures in place which ensured staff adhered to effective infection prevention and control (IPC), had access to required personal protective equipment (PPE) and received training in its use. The registered manager also continued to monitor IPC and completed regular COVID-19 checklist audits and spot checks of staff practice.
- Staff told us they felt supported and informed around any changes to the national guidance. They had access to regular testing and vaccinations. People were supported to adhere to the national guidance and keep safe and could access support around cleaning and essential deliveries.

Learning lessons when things go wrong

- The provider had a clear process in place to ensure lessons were learned if things went wrong. The registered manager reviewed any incidents and accidents in the service, identified any trends and took action to protect people and to improve the service.
- The root causes of people falling were looked into and their support modified to ensure risks were minimised. The lessons learned included, for example, replacing some household items which contributed to the risk with consent of the person supported.

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 were asked about their needs, preferences and lifestyle choices before they moved into Augustus House and these were recorded. This enabled the managers to appropriately address people's changing circumstances and to create a bespoke care plan with them. This ensured staff met people's preferences and addressed their needs effectively when they required support with personal care.
- People's support was tailored to their individual lifestyle choices and level of need. People were supported to remain as independent as possible and could access emergency support if needed. People were supported to keep safe in line with the national guidance for the COVID-19 pandemic by the provider who enabled them to safely use their own flats, personal care service and other services available on the premises.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were competent in their roles. New staff training records confirmed they received hands on management support and got to know people's individual needs before starting to support them. They also had to complete mandatory training and a detailed induction into the service, its policies and procedures.
- Staff told us they felt supported by the provider and were regularly reminded of the required training updates, so they felt confident in their roles. One staff member said, "We are regularly supported through training."; and explained some training was provided online and some via one to one support from management who also assessed their competencies. Staff completed training in all mandatory areas such as infection prevention and control, safe management of medicines, moving and handling and safeguarding.
- The registered manager provided staff with different forms of supervisions and support via spot checks, one to one meetings or phone calls. They also monitored and addressed staff's training needs on an ongoing basis.

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

- People were supported to access regular meals of choice from the restaurant and their needs around eating and drinking were assessed in their care plans. During the pandemic 'lockdown' periods people had their meals delivered to their flats by staff and were provided with support around grocery shopping as needed.
- Staff supported people to ensure they safely managed their food stock and they were protected from any risks of consuming unsafe or out of date foods. This was done in a way which engaged people, supported their independence and respected their privacy and dignity.

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

- People and their relatives told us staff would support them to access medical help in emergencies and other routine healthcare services as needed. One relative said staff 'would absolutely' know how to raise any concerns and they felt confident they would do so.
- People's records confirmed other healthcare professionals, such as social services or GP were involved in their care when needed.

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 told us staff respected their choices and they felt listened to. Staff were aware of the principles of the MCA and the importance of enabling people to make their own decisions and ask for consent before supporting them. One member of staff said, "I ask what they need, I have to ask (before supporting people)- 'do you want this? do you like this?' so they can choose what they want."
- Where appropriate, the registered manager contacted other professionals to support people whose capacity to make certain decisions might have changed and worked with them to address those changing needs. Where people had a legal representative, they were included, and this was clearly recorded in their care plans.

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

- People and their relatives confirmed staff were caring and respectful. Staff we spoke with talked about people with respect to their individual life circumstances, in a positive manner and with understanding of their needs.
- People's care plans addressed their equality and diversity needs such as personal relationships, family situation or disabilities with respect and included guidance for staff on how to support them in a caring way. Where people experienced certain pressures, their needs were approached sensitively so staff understood how their life circumstances influenced them and how to support them.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff understood their role in making sure people felt respected, involved and listened to. One staff member said the priority of their role was to "see to the welfare of people and to promote their dignity".
- People were involved in planning their care and asked for their feedback. Their care records confirmed this. People were supported to remain as independent as possible and their care plans clearly explained what aspects of their personal care and day to day lives they needed support with and what they could do on their own.

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 told us the care they received was 'very good' and staff knew how to help them.
- Staff we spoke with knew people well and the registered manager ensured any changes in people's needs and wishes were effectively communicated to them so people's care was provided in a person-centred way. One staff member said, "Before we start, you have to read the care plan, read it and understand it. If it has changed, [registered manager] tells us."
- People's care plans included information around their cultural and religious needs, life stories, important relationships, their hobbies and interests.

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.

- Staff knew people's communication needs. One staff member explained to us they provided extra time and support to aid effective communication and to reassure the person, for example by approaching the person to ensure they can hear them properly and giving them enough time to express themselves. This person's care plan provided with clear guidance on how to support their communication. People's sensory needs around sight or hearing were also recorded in their plans.
- The registered manager was aware of the Accessible Information Standard and made sure people could access information in the best way suited to them which enabled understanding.

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 engage in activities which matched their preferences. For example, the registered manager organised garden performances and sang with one person when other residents participated from their balconies.
- People were supported to follow their interests and staff facilitated that safely. For example, there was a clear policy on COVID-19 secure visiting and people were enabled to have visitors and to safely go out into the community. Where people had certain interests, which could cause a health and safety risk in their household, this was assessed in their care plans so staff knew how to support them to continue engaging in their favourite activities at the same time as keeping a safe home environment.

Improving care quality in response to complaints or concerns

- The registered manager told us, "We take time to listen to (people's) concerns." The management team made changes to the service in response to feedback, for example, how people could access laundry facilities.
- People's relatives told us they knew how to place a complaint if needed in the future and felt confident the management would sort out any issues.
- The provider had a clear and robust complaints policy which was explained to people in 'service user guides', so all people using the service knew how to place a complaint and how the provider would investigate and respond to them to improve the service and resolve any issues. There were no complaints affecting the regulated activity since the service registration.

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.

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

- The registered manager and senior staff completed a range of audits and checks to continuously monitor service quality and safety. For example, infection prevention and control, health and safety, people's individual care needs and medicines administration. We discussed with the registered manager that not all findings were clearly recorded on medicines records checks, although action was taken to ensure people received their medicines as prescribed. The registered manager immediately reviewed that with their team to ensure future audits were provided with clear record of the follow up action taken.
- The registered manager also completed direct observations of staff practice. The service records and staff confirmed any identified improvement needs, for example risks relating to people's specific individual needs were actioned appropriately.
- The registered manager had a good oversight of the service and provided the small group of staff with ongoing 'hands on' support. Staff we spoke to had good understanding of their roles and some of them were encouraged and supported to gain new skills and take on more senior roles in the service. Staff new to the service told us they felt supported and well-trained and could count on their managers for help when needed.
- The registered manager was aware of their regulatory role and responsibilities. They also notified CQC of the important events in the service when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they knew the registered manager. A relative said there was a 'great wisdom and support' from the management and they felt involved in the service. People could also participate in the service meetings where their feedback was sought.
- We saw improvements were made to the service where needed. For example, the security of the premises was improved to protect people and their property. The restaurant service was also improved to enable greater choice and flexibility in how people could access meals and enjoy social interaction.
- The registered manager had clear values and vision for the service. They explained, "We follow values which are PRIDE- Passion, Responsibility, Innovative and Determination, Excellence. In a nutshell we are passionate about the service, looking for ways of delivering excellent service, and determined to deliver, (so people) remain as independent as they can and feel supported." People's feedback and care plans confirmed this was followed in planning and delivering care.

- Staff told us they felt supported by the provider throughout the pandemic and were well-informed and consulted on any changes. One staff member said, "We were fully supported by [registered manager] and the company as well. They are very robust when it comes to that."

Working in partnership with others; 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 worked with other professionals on an individual basis due to the fact the service was tailored to the needs of a small number of people receiving support with personal care. When required, the management worked effectively with social services and other healthcare professionals to ensure people received good support.
- People's relatives told us the management acted in an open and transparent way. They felt the management communicated well with them around any changes in people's needs and what action they would take to ensure their safety.