

Yourlife Management Services Limited

Yourlife (Alton)

Inspection report

Austen Place
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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

Yourlife (Alton) provides home care services to people who live in one of the leasehold apartments located in the grounds of Austen Place, Alton; if people wish to purchase a personal care service from the provider. People can also arrange personal care with external providers if preferred. At the time of our inspection four people received personal care from the provider.

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 were very happy with the care they received and looked forward to seeing staff. Their feedback included, "I cannot think of a better place to be" and "The provider understands what care is about and gets staff who also know what it is about, which makes life good."

Processes and systems were in place to protect people from the risk of abuse. Staff supported people to manage identified risks to them, whilst respecting their rights and freedoms. Processes were in place to protect people from the risk of cross-infection. People received their medicines safely, from trained staff. There were sufficient numbers of suitable staff to support people and people could access assistance out of office hours if required.

People received effective care that was planned and delivered in accordance with current legislation and guidance. People were supported by staff who were appropriately trained and skilled. Staff assessed and monitored people's food and drink requirements. Staff worked across organisations to ensure people's needs, including their health needs were met. Staff provided people with relevant information about how to manage their health care needs.

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 knew and respected the people they care for and supported. People enjoyed their interactions with staff. They told us, "I have a good relationship with staff." People were encouraged to express their views and to make decisions about their care. Staff promoted people's privacy and dignity during the provision of their care.

People received personalised care, tailored to their needs and preferences. People had formed friendships within the service and were able to participate in a range of activities to reduce social isolation. There were good links with the local community, which increased people's opportunities for social inclusion.

The service was led by an experienced manager whom people and staff had confidence in. Staff were well motivated in their role. The registered manager sought the views of both people and staff about the service, and these were acted upon.

Processes were in place to monitor the quality of the service provided and to enable people to make a complaint if they needed to. People felt confident any issues they raised would be addressed.

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 14/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 (Alton)

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 is a domiciliary care agency. It provides personal care to people living in their own apartments within Austen Place, Alton.

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 and ended on 14 January 2019. We visited the office location on 14 January 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service such as registration reports and the statement of purpose for the service.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one person's relative about their experience of the care provided. We spoke with four members of staff including two duty managers, a care and support worker and the registered manager. We also spoke with the chef from the on-site restaurant.

We reviewed a range of records. These included two people's care records and medication records. We looked at two 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.

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

- Staff had completed safeguarding training which they were required to update annually. Safeguarding people was also discussed at staff meetings, this enabled staff to raise and discuss any issues. A person told us, "Oh yes I am safe in the care of staff."
- Staff spoken with understood what could constitute abuse and the actions they should take if they suspected a person had experienced abuse. They had ready access to relevant guidance and contact numbers if required. Although the registered manager had not yet needed to make any safeguarding reports to the local authority as the lead agency, they understood what to do.
- People were supported to understand the potential risks to them and how best to protect themselves. For example, the police had visited the service to provide people with information about how to safeguard themselves from the risk of financial scams.

Assessing risk, safety monitoring and management

- Potential risks to people had been assessed and measures were in place to manage them. For example, the risks to people in relation to their moving and handling, falls, skin integrity personal care, and their environment had been assessed. Where people required particular numbers of staff, equipment or products to manage any identified risks to them, these were in place.
- Staff had a good understanding of people's individual risks and how these were managed. A person confirmed, "They [staff] understand the risks."
- Staff recognised although some people required support with some areas of their lives, it was important to ensure the management of potential risks to them did not infringe upon their rights and freedoms. For example, they recognised people's right to go out when they wanted to or to drive.
- People's records were accurate, complete, legible, up to date and stored securely. This ensured only authorised staff could access them. Staff had completed relevant training about how to keep people's data safe and secure.

Staffing and recruitment

- There were sufficient suitably skilled staff rostered to meet people's needs. There was no use of agency staff. People told us they received their care at their preferred times from consistent staff
- Care staff were rostered during the day, apart from between 2pm and 4pm. The registered manager told us if people required care between 2pm and 4pm then a carer would be rostered. There was a 24-hour on-site duty manager, in case people required assistance.
- The provider had robust recruitment processes to ensure only suitable staff were employed. Recruitment

procedures were in place, which included seeking references and 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.

Using medicines safely

- People received their medicines from trained staff, whose competency was assessed, through regular medicine competency assessments and spot checks upon their practice. Staff had access to relevant up to date medicines guidance.
- People told us they received their medicines and topical creams as prescribed. People had printed medicine administration records [MAR] to instruct staff about how and when to administer their medicines. A person said, "They watch me take the medicine and then sign the sheet [MAR]."
- Where people had specific instructions for the administration of their medicines, such as medicines which were only taken weekly, this was clearly documented for staff. People had topical cream charts in place to instruct staff about where to apply their topical creams and how thickly. People's care plans informed staff of how people obtained their medicines, to ensure this was clear.

Preventing and controlling infection

- Staff had completed infection control and food hygiene training and had ready access to supplies of personal protective equipment for use when they provided people's care. We saw staff changed their tunics and wore aprons when they served people's lunch in the dining room. A relative told us, "Staff always wear the gloves and aprons."
- Staff's adherence to the provider's infection control processes and procedures, was also checked during spot observations of their practice.

Learning lessons when things go wrong

- Staff understood their responsibility to identify and report any concerns they had about people. Staff were instructed in people's care plans about any particular risks they should be aware of, such as people's skin integrity and the actions they should take.
- Staff documented any safety incidents, and these were reviewed by the registered manager and forwarded to the provider, in accordance with their incident reporting policy. This ensured any relevant learning could be identified and shared with staff through their shift handovers, supervisions or staff meetings.

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 assessed with them prior to the provision of their care, to ensure their needs could be met. People's care plans were in line with legislation and good practice guidance, to ensure people received effective care. Staff were provided with information about people's diagnosis, where relevant, to inform the provision of their care.
- Staff had completed equality, diversity and inclusion training and understood people could experience discrimination on the grounds of their protected characteristics under the Equality Act 2010, such as their age, gender or disability.

Staff support: induction, training, skills and experience

- Staff completed the provider's induction to their role and those new to care also completed The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. Staff's training was a mixture of both on-line and face to face training, for practical subjects such as first aid. A relative said, "All staff are well trained, and they know how to use the equipment." Staff told us, "We get good training."
- The provider understood the increasing prevalence of dementia as people age. Staff received dementia training and arrangements had been made for them to undertake 'Dementia Bus' training, which provides staff with experiential learning about what it is like to live with dementia. This ensured staff had the relevant skills and knowledge to continuously monitor and identify when people might be experiencing the early signs of dementia and to ensure any relevant support was offered.
- Staff received regular supervisions, through one to one meetings, observations of their practice and staff meetings. Staff told us they had also been encouraged to take up opportunities for professional development. Staff were well supported in their role.

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

- People's needs related to eating and drinking were assessed, including any risk of people choking. Although no-one currently required assistance with eating and drinking. People's care plans highlighted any potential risks to people staff needed to monitor, such as checking they had drunk enough.
- People were all able to purchase lunch daily at the on-site restaurant, if they wished. Staff served people's meals in the restaurant. This provided an opportunity for them to monitor how well people ate and drank and to highlight and address any concerns. The dining environment was pleasant, and meals were well presented.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with healthcare professionals to understand and meet people's needs. Any information from healthcare professionals about the provision of people's care was reflected in their care plans. Staff ensured where people required other services, such as the ambulance service, they received timely support and any relevant information about incidents such as falls was shared with them.
- There were strong internal links between care staff and the on-site restaurant. This ensured there was a good flow of information about people's food preferences, dietary requirements, cultural needs and any potential risks.

Supporting people to live healthier lives, access healthcare services and support

- There was a staff champion for dementia care. Their role was to educate people and their families about dementia care. Coffee mornings had been held, to promote discussions and inform them about the provider's dementia carer pack, which provided both local and national information. Staff had also developed an information area in the main lounge for people to browse and help themselves to best practice guidance. The provider also produced a dementia support newsletter, to inform people.
- People or their families preferred to arrange their own healthcare appointments, however, staff could assist if required. Staff were provided with guidance in people's care plans about any risks to them they should monitor, which could impact upon their health. For example, the risks from people not drinking enough, leading to an increased risk of urinary tract infections. This ensured they could identify any signs of deterioration for people.

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.

- Staff had undertaken relevant training and involved people in decisions about their care, to ensure their human and legal rights were upheld. People were able to understand and consent to the care provided. However, staff understood how to assess if people lacked the capacity to consent to a specific decision and the processes they should follow to determine what was in the person's best interests.

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

- Staff ensured people were always treated with kindness. People were consistently positive about staff. Their feedback included, "They are absolutely wonderful" and "They [staff] are very friendly, it is a delight to see them." We observed staff's interactions with people in the communal areas and saw people enjoyed staff's company and their interactions with them.
- People told us they felt well supported by staff and that staff cared about them. A person told us, "I notice staff always help anyone" and "They [staff] think of things before I do." A person told us staff were sensitive to their mood when they visited. When speaking with staff it was clear they cared about people and were observant of any changes in their presentation, which they then followed up.
- Staff were knowledgeable about people's preferences, personal histories and backgrounds. They knew how people preferred to be addressed. Staff told us they had time to read people's care plans and records confirmed they had read them.
- People's care plans provided staff with guidance about their communication needs and how best to communicate with them. There was guidance for staff about how each person communicated and what non-verbal communications might mean, to enable staff to understand.

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

- People were consulted about their care. A person told us, "They [staff] do listen to what I want. My views are respected." People were able to involve whom they wanted in planning and reviewing their care.
- Staff ensured people were provided with relevant information about both their care in the service user guide and sources of advice both locally and nationally.
- People's care plans instructed staff to spend time speaking with them. A relative said, "The care is not rushed." Staff confirmed they had time to spend with people, getting to know them. A person told us, I never feel a nuisance. They [staff] always ask if there is anything else they can do."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect at all times. A person said, "They [staff] are always polite." People told us staff were sensitive to their need for privacy during the provision of their care and ensured they were only present when necessary.
- The provider's objectives to promote people's dignity, privacy and respect were outlined in their statement of purpose. Staff had undertaken relevant training on dignity in care. People's care plans instructed staff on how to uphold their dignity. People were consulted about their preferences, such as the

gender of staff who provided their care. Staff were able to tell us about the measures they took to uphold people's privacy and dignity, during the provision of their care.

- Staff were discreet, both in their observations and interventions. This ensured people received the care and support they required in a dignified and supportive manner.
- Staff promoted people's independence. A person said, "They help me to stay independent." Another person told us how staff provided the support they required but then ensured they completed the aspects of their care they could manage, for themselves.

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's care plans assessed their needs in relation to their physical, religious, cultural, social and mental health needs. People's care plans identified their strengths and abilities and identified how the person could participate in the provision of their care.
- People's care plans were person centred and focused on them as an individual. The person's preferences for the delivery of their care and planned outcomes were noted. The delivery of people's care was tailored around them and their routine.
- People and their families were involved in planning their care and support. People's care plans were regularly reviewed with them to ensure they remained up to date and to identify any required changes. People's care plans were also updated in between reviews if required, for example, following incidents or a change in the person's needs.

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.

- People's care plans identified their communication needs and how best to meet them. The service was able to provide information for people in accessible formats if required, such as, braille, large print or audio.

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

- Staff were not currently commissioned by anyone to take them out into the community, but they could support people outside if required.
- People were provided with a range of opportunities for social inclusion within the service if they wished to participate. These included regular social events such as a fitness class, sherry mornings, quizzes, knit and natter sessions. There were also events to mark times of the year such as Harvest Festival, Halloween, Christmas and Valentine's Day.
- People also formed their own social connections and had their own telephone directory, if people wanted to be included. This enabled people to make their own social arrangements between them. People also told staff what activities they wanted to arrange and the support they required from them. For example, staff arranged transport for people if they wanted to arrange group trips to the garden centre. Staff would also

make the practical arrangements for the movie nights people ran.

- We observed the lunch served in the restaurant was very popular. People sat with their friendship groups and the room was alive with chatter. A number of people then moved onto the lounge for the afternoon and continued to socialise and mingle.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint in their service user guide. People told us they had not needed to make any complaints but felt confident any issues they raised would be addressed. Records showed no written complaints had been received about the service.

End of life care and support

- The registered manager told us when people moved into their apartment, they were provided with information about Advance Care Planning. This asks people about their future wishes and priorities for care. If people were ready to make an end of life care plan, then staff were able to meet with the person and discuss their wishes and preferences. The provider had relevant documentation to record people's wishes.
- Staff had not yet completed end of life care training. However, some staff had undertaken this training in their previous roles in social care. The registered manager was making arrangements for staff to undertake this training.

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 and staff told us the service was well-led. One person said, "The manager is good - she talks to everyone." Staff told us they found the registered manager approachable and easy to speak with.
- There was a positive culture in the service underpinned by the provider's aims and objectives for the delivery of people's care. The focus was on promoting people's rights and choices and respecting their individuality, which staff achieved in their daily work with people. Staff's work was valued and recognised by the registered manager who thanked them all at a recent staff meeting.
- The registered manager had the required skills, knowledge, experience and integrity required to lead effectively.
- The registered manager monitored the culture of the service. We saw they were frequently out of their office engaging both with people and staff. A person told us, "She is a good manager, she comes into the dining room."

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 the duty of candour and their responsibility to be open and honest with people, in the event something went wrong.

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

- The service had a clear management structure. Processes were in place to identify and manage any risks to the quality of the service.
- Staff understood their role and were well motivated. One told us, "I like working here. I love the home owners [people]. I enjoy it."
- The registered manager understood their role and responsibilities. Although they had not yet needed to submit any notifications of events to CQC, they understood what they needed to report.

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

- People and their families were involved in the service and encouraged to voice their views and ideas. People's views were sought through their reviews, annual satisfaction survey, comments book about the

restaurant service and home owner meetings. Staff supported people to make their ideas into reality, such as the movie nights and trips out.

- The service was located close to the town centre, which enabled people to access the local amenities if they wished. Staff provided people with information about local groups and activities. Staff supported people to engage with fund raising events such as the Alzheimer Society's 'Elf' day at Christmas and a Macmillan coffee morning.
- The registered manager had an 'open door policy' to encourage staff to raise any issues directly with them. We observed staff were comfortable approaching the registered manager and spoke with them freely. There was also a regular meeting for staff to share and exchange their ideas.

Continuous learning and improving care

- There were effective processes in place to monitor the quality of the service and drive improvements for people. There were daily and weekly health and safety checks, and monthly audits of areas such as people's medicine administration records and daily records.
- The registered manager's monthly audit had recently changed and was now based on the CQC key lines of enquiry and how these were being met. This was then reviewed by the area manager during their monthly visit. Any areas for improvement were added to the service improvement plan.
- In addition, the registered manager kept a monthly tracker of people's falls and monitored whether people showed signs of cognitive impairment. In order to identify if they had any support needs in these areas and if so how these were met.
- The registered manager met monthly with the chef and completed a monthly catering report, which reviewed if there had been any issues and what catering events had taken place for people.

Working in partnership with others

- The service was collaborative and open, it engaged with local organisations. Staff had arranged for both the fire service and police to visit the service to provide people with advice and guidance. They had also invited representatives from a local school to a recent meeting to meet people and discuss how closer links could be forged.