

Yourlife Management Services Limited

Your Life (Ferndown)

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 (Ferndown) is a domiciliary care agency that was providing personal care to three older adults living in their own homes at the time of the inspection.

People's experience of using this service:

People told us they felt safe and were confident in the staff team describing them as honest and genuine. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection.

Records showed us that staff had been recruited safely, including criminal record checks to ensure they were suitable to work with vulnerable adults. Staffing levels met people's care needs and choices and had the flexibility to be responsive when needs changed.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed.

People had access to healthcare services and were involved in decisions about their wellbeing. Partnerships with other care agencies and health professionals enabled effective outcomes for people

Initial assessments captured people's care needs and lifestyle choices including any cultural or spiritual needs. The information had been used to create clear person-centred care plans that were understood and followed by the care staff team.

Staff received an induction and on-going training and support that enabled them to carry out their roles effectively. Opportunities for professional development had included national diplomas in health and social care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People spoke positively about the care they received describing staff as kind, caring and patient. People had their dignity, privacy and independence respected. People were signposted to advocacy support if needed. A complaints process was in place and people told us if they had concerns they felt confident they would be listened to and actions taken.

People and staff spoke positively about the management of the service describing visible leadership and an open, honest culture. Legal reporting requirements were met. Quality assurance processes were effective in monitoring service delivery and improving outcomes for people when identified.

Rating at last inspection: The service was rated 'Good' at our last inspection carried out on the 14 November 2016.

Why we inspected:

This was a planned inspection based on previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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.

Your Life (Ferndown)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

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.

Your Life (Ferndown) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we looked at notifications we had received about the service. We looked at information on their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited three people in their homes who used the service. We spoke with the Registered Manager and two care staff.

We reviewed three peoples care files and discussed with them and care workers their accuracy. We checked three staff files, medication records, management audits, staff meeting records and the results of quality

assurance surveys.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People described their care as safe. One person said "(Staff name) is honest and genuine". Another told us "I feel safe as the staff are well trained".
- People were supported by staff who understood their role in recognising and reporting any suspected abuse or unsafe practice.
- Information about safeguarding people, including contact details of external agencies, was on display in the foyer. The registered manager told us this would also be included in people's individual care folders.
- People were protected from discrimination as staff had completed training in equality and diversity and were respectful of people's lifestyle choices.

Assessing risk, safety monitoring and management

- People had their risks assessed and regularly reviewed. Staff understood the actions they needed to take to minimise the risk of avoidable harm. An example was that some people were at risk of falling and wore a neck pendant to enable them to call staff if they needed help. We observed people wearing their pendant.
- Environmental risks had been assessed such as slip hazards following showering. Care plans contained clear guidance on the actions needed to keep people safe from harm in their home.
- People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Staffing and recruitment

- People were supported by staff that had been recruited safely including criminal record checks to ensure they were suitable to work with vulnerable adults.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care.

Using medicines safely

- Staff had been trained in the safe administration of medicines. At the time of our inspection staff were only administering topical creams. Body maps had been completed to clearly demonstrate where creams needed to be applied. Records confirmed these were being administered appropriately.
- Staff understood the protocol for reporting medicine errors and information submitted prior to inspection confirmed these had been followed.

Preventing and controlling infection

- People were protected from the risk of infection as staff had completed infection control training. One person told us "They (staff) follow infection control procedures properly". Staff had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were used as an opportunity to learn and reflect on practice. The registered manager gave an example following a person having a fall who was unable to get off the floor independently. They explained how they had demonstrated a 'manga elk' (an emergency lifting cushion) to people to consider as an alternative aid should they fall and not have sustained an injury.

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

Good: ☐ 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 and their families had been involved in pre- admission assessments to gather information about their care needs and lifestyle, spiritual and cultural choices.
- Assessments had been completed in line with current legislation, standards and good practice guidance. The initial pre-assessment information had been used to create a care plan detailing how a person's care needs and choices needed to be met.

Staff support: induction, training, skills and experience

- People were supported by staff that had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. Induction training included food hygiene, infection control, moving and handling and equality and diversity.
- Staff told us they had regular supervision and records confirmed this. Annual appraisals had been completed and staff told us they had opportunities for professional development. This had included nationally recognised health and social care diplomas.

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

- People had access to a communal dining room on the ground floor of the building they lived in which provided lunch daily. Menus were displayed around the building as well as people having a copy of their own for the month.
- Information had been shared with the catering team about peoples likes, dislikes, allergy's and any special dietary requirements.
- One person told us "The food is tasteful; we've a very good chef". Another person needed a special diet relating to a health condition. They told us "There are always choices suitable for me such as jelly or fruit salad". The registered manager explained "If somebody is poorly we can always organise to have a tray taken to them". Care staff had completed food hygiene training and were able to prepare meals and snacks for people in their own homes when needed.

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

- Records showed us that collaborative working with other agencies had ensured effective care. One person received home care from another care agency as well as Your Life (Ferndown). The registered manager explained "We discuss issues daily and any information is passed to staff at our handover".
- People had been supported to access healthcare when needed. One person told us "The nurse (practice nurse), comes every Monday. I ask (registered manager) to ask the nurse to see me and if they think it's

more serious they will send the doctor".

- Records showed us people had access to community services such as opticians, chiropodists and dentists.

Adapting service, design, decoration to meet people's needs

- People's home environments had been designed to meet the needs of older people. This included a call alarm system linked to staff in the building and wet room walk in showers. Communal areas in the building and the gardens were accessible to people with mobility needs. Charging points were in place for electric scooters.

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 had their rights and freedoms upheld because they were supported in line with the principles of the MCA.
- When a power of attorney had been appointed for a person a copy of the legal authorisation was held on file. People or their authorised representative had signed consent to care and support plans.
- Staff were able to explain how they offered people choices and obtained consent before carrying out care. A care worker told us "When helping (name) they are not comfortable with the routines. I explain everything to them. They choose their clothes; they are really organised. We ask what time they would like their call in the morning".
- At the time of our inspection there were no best interest decisions in place. The registered manager provided an example of when a best interest decision had needed to be made for a person. They explained "We made the decision along with family and the social worker". This meant the people making the decision knew the person and their history ensuring decisions reflected the person's life style choices and protected their freedoms.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the care they received. One person told us "Right from the leader at the top the staff are caring". A care assistant walked past which brought a smile to a person who shared with us "They're a good one".
- People had their individual communication needs understood. A care worker told us about a person who can become anxious. They said, "You can't tell (name) too many things at once as they start worrying". Another care worker explained "You just need to keep reminding (name) that nothing is too much trouble".
- Staff were knowledgeable about people's past history and family and friends who were important to them.

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

- People told us they felt involved in decisions about their care. One person told us "If I tell (care worker) to do something a certain way they take notice and listen. They do everything they can to do it to my liking".
- People told us they had been involved in choosing which staff would provide care. One person requested a male carer, and this had been accommodated. Another person told us "They (staff) gave me a few names. I know that I would have been happy with any of them but chose the two I have".
- When people needed independent support with making decisions the registered manager told us they were able to signpost to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People told us that the staff team respected their privacy, dignity and independence. We observed staff speaking to people using their preferred name. Staff knocked and waited to be invited into people's homes.
- A care worker explained how they maintained a person's dignity when providing personal care. "People can be embarrassed; to protect their dignity I chat, take the edge of it. Perhaps talk about their (interests)". Another care worker explained how they protect people's independence. They told us "It's about getting the balance right between offering help and enabling independence; it's finding the happy medium".
- Care plans provided detailed descriptions of the actions staff needed to support people with whilst also describing areas of care a person carried out independently.
- Any data held about people and staff was stored securely to ensure confidentiality was maintained.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care had been planned to meet people's individual assessed care and support needs whilst also reflecting people's choices and lifestyles. Reviews had taken place with people and reflected people's changing needs and choices.

- Staff told us they were kept up to date with changes to people's care through a handover each day. One care worker explained "The log book provides information on how to support (people) and also speaking with (care worker) who has given me a few tips".

- People had their communication needs assessed and detailed in their care and support plans. Information was provided in a format that was accessible to people with sensory deficits. The registered manager told us about a person with poor sight and explained "They ask us to read their mail or dial a telephone call. When they get meeting minutes if no friends are visiting we will go over it with them".

- People's homes were part of a building that provided communal facilities for meeting up with other people and social events. People told us this was something they really enjoyed. One person shared with us the latest movie they'd chosen for a film night they'd organised.

- People were enabled to follow their cultural and spiritual needs and choices. One person explained "I always was a church goer. The vicar comes here once a month and we have a service which I now go along to".

Improving care quality in response to complaints or concerns

- A complaints policy was in place with copies displayed on noticeboards and in people's care folders in their homes. The complaints policy did not contain information about how to appeal against how a complaint had been handled. The registered manager told us they would review the policy and include contact details for the Local Government Ombudsman for health and social care.

- People were aware of the complaints policy and told us they would be confident to raise concerns should they need. One person told us "If I had a complaint they would listen to me: he's a good manager".

End of life care and support

- People had an opportunity to be involved in an end of life care and support plan which reflected their spiritual and cultural needs. Where a person had decided not to be resuscitated the correct legal documentation had been completed and was in a person's care file.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and staff spoke positively about the management of the service. One care worker told us "(registered manager) style of management is very hands on; he is always there to help. I feel confident with him". Another said "(registered manager) is very supportive, you can just knock on their door any time".
- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The registered manager showed us accident and incident reporting processes that included prompts for appropriate reporting to other agencies such as safeguarding and the health and safety executive.

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

- The Manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
- We observed staff sharing information with the registered manager which demonstrated they understood their role and the boundaries of their decision making.

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

- People and staff had opportunities to be engaged and involved in the service. We read minutes of staff meetings that included discussions on regulatory requirements, training and safe management of falls.
- The registered manager explained how a meeting with people had been used to present information about visual impairment. It had included how people could help one another in communal areas, such as removing obstacles like handbags, from walkways.

Continuous learning and improving care

- Audits and quality assurance processes were effective in monitoring the quality of service delivery and identifying areas of service development.
- Records showed us that people had completed surveys enabling them to provide feedback on areas such as safety, privacy and respect.

- The audit process was multi-tiered including both the regional and registered manager and covered areas such as medicine management, people's care files and operational policies. When actions had been identified they were completed in a timely manner.

Working in partnership with others

- The registered manager worked with other agencies to keep up to date with best practice, new legislation and innovations which included Skills for Care. They told us "The Quality Assurance Manager, (internal to provider), sends weekly updates on changes to regulation and good practice guidance".